



IDAHO

DEPARTMENT OF FINANCE

BRAD LITTLE
Governor

PATRICIA R. PERKINS
Director

Dear Consumer:

Attached is the Complaint Form you requested. Please complete this form, enclose copies of any documents relating to the problem, and return it to our address as shown on this letter.

The Idaho Department of Finance cannot act as a private attorney for you and you should not rely on us to obtain a resolution to your complaint that is satisfactory to you. Our role in any legal action is on behalf of all the people of Idaho. We will consider investigating complaints involving an ongoing pattern or practice of illegal activity. We rely in great part upon consumers who are willing to provide us with information about fraudulent and deceptive activities in tracking illegal business practices. Information from consumers, such as yourself, allows us to identify and devote our resources to the most serious cases involving widespread injury to Idaho's consumers. Within the limits of our resources, we bring lawsuits or other actions in such cases. Information provided by consumers like you is indispensable to our efforts.

Unless you specifically request otherwise, we will attempt to mediate your dispute by forwarding your complaint to the business or person involved, requesting a response. We will forward information we receive to you. There are several other options available to you in attempting to resolve your complaint:

1. Your local Better Business Bureau may be able to assist you in mediating a dispute with a business;
2. You may want to file an action in Small Claims Court if the amount in controversy is less than \$5,000;
3. If the amount in controversy is more than \$5,000, you may have a remedy available to you through a private attorney. If you do not have a private attorney, you may want to contact the Idaho State Bar Lawyer Referral Service at: Idaho State Bar, P.O. Box 895, Boise, Idaho 83701, (208) 334-4500. The Idaho State Bar and Idaho Law Foundation, Inc.'s website is www2.state.id.us/isb/.
4. Depending upon household income and other factors, you may qualify for legal assistance from the Idaho Volunteer Lawyers Program. Their contact information is provided through the Idaho State Bar.

Your complaint will become part of our permanent file concerning the business or person identified, and will assist us in determining the need for further action by this office.

Please be advised that your complaint may be a public document and if so, may be inspected by members of the public and media if a request is made under Idaho's Public Records Law. Your time in submitting this information is appreciated.

Sincerely,

THE IDAHO DEPARTMENT OF FINANCE

FINANCIAL INSTITUTIONS BUREAU
800 Park Blvd., Suite 200, Boise, ID 83712
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8010 Fax: (208) 332-8099
<http://finance.idaho.gov>

Idaho Department of Finance Complaint Form

**WHEN COMPLETING THIS FORM, PLEASE TYPE OR PRINT AS CAREFULLY AS POSSIBLE SO
THE INFORMATION MAY BE EASILY READ AND UNDERSTOOD.**

Prior to filing this complaint, we request that you contact the company or individual against whom you are complaining and attempt to resolve your dispute. If this proves unsuccessful, please complete this form and return it to the Department of Finance. It is important that you enclose copies of documents relating to the transaction, such as loan applications, collection letters or any other pertinent documentation to aid us in helping you. Do not send original documents that you would like returned.

Mail or fax this completed complaint form with any attachments to:

**IDAHO DEPARTMENT OF FINANCE
800 PARK BOULEVARD, SUITE 200
P.O. BOX 83720 BOISE, ID 83720-0031**

YOUR INFORMATION

Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Name:	
Street Address:			
City:		State:	ZIP:
Home/Cell Phone:		Work Phone:	
Email:			
What is the best way to contact you? Phone <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/>			
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			

ADDITIONAL CONTACT INFORMATION

If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information about you to that person.

Name of Representative:		
Relationship:		
Street Address:		
City:		State:
		Zip:
Phone:		

**FINANCIAL INSTITUTION OR COMPANY INFORMATION THAT IS
SUBJECT OF THE COMPLAINT**

Name of Financial Institution or Company:		
Street Address:		
City:	State:	Zip:
Phone:		
Type of Account(s): Credit Card: <input type="checkbox"/> Checking <input type="checkbox"/> Mortgage <input type="checkbox"/>		Other:
Have you tried to resolve your complaint with your financial institution or company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, When?	How? Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/>	Other
Contact Name:	Title:	
Have you filed a complaint or contacted another government agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Agency Name?		

COMPLAINT INFORMATION

Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the financial institution or company.

Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space.

Please include *COPIES* of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the company. *DO NOT SEND ORIGINAL DOCUMENTS.*

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

DESIRED RESOLUTION

What action by the financial institution or company would resolve this matter to your satisfaction?

PRIVACY ACT STATEMENT

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that the Department of Finance cannot act as my private attorney, but rather acts on behalf of the public by enforcing laws governing financial institutions, regulated lenders and collection agencies when it is in the public interest to do so. I understand that the Department of Finance does not represent private citizens seeking the return of their money or other personal remedies. I am, however, filing this complaint to notify the Department of Finance of the activities of this company. I understand that the information contained in this complaint may be used to establish violations of Idaho law in both private and public enforcement actions.

Once completed and submitted, this complaint may be a public document and if so, may be inspected by members of the public and media if a request is made under Idaho's Public Records Law.

Signature: _____

Date: _____