



**IDAHO DEPARTMENT OF FINANCE**  
**Securities Bureau**  
800 Park Blvd., Suite 200, Boise, ID 83712  
P.O. Box 83720, Boise, ID 83720-0031  
<http://www.finance.idaho.gov>  
Fax: 208/332-8099  
Phone: 208/332-8004  
Toll Free within Idaho: 1-888-346-3378  
E-mail: [securities@finance.idaho.gov](mailto:securities@finance.idaho.gov)

## **GUIDELINES FOR COMPLETING THE MONEY TRANSMITTER COMPLAINT FORM**

Before filling out the attached complaint form, please take the time to read these guidelines; they will help you understand our functions, and we will be better able to understand and act on your complaint.

### ***WHAT WE CAN DO:***

We investigate complaints against persons, business entities, and corporations accused of violating the licensing or anti-fraud provisions of laws administered by the Department. We are empowered to bring administrative or civil actions to stop these violations, and, in appropriate cases, to refer matters to the Prosecuting Attorneys' offices for criminal prosecution.

### ***WHAT WE CANNOT DO:***

We cannot act as a court of law, so we cannot order that monies be refunded, contracts be canceled or damages be awarded. If you have this type of problem, you should consult an attorney.

We cannot give legal advice or act as your attorney.

### ***HOW YOU CAN HELP US:***

The purpose of this complaint form is to provide this Department with enough information to allow us to determine if an investigation into your allegations is warranted. Thus, it is important for you to furnish as much detailed information as possible.

Documentary evidence is especially important; therefore, if you have documents that support your complaint statements – mail your completed complaint along with copies of all documents to the Department. (Please do not send originals; we cannot be responsible for their safekeeping.)

### ***How to submit complaint form and supporting documents:***

You may complete all sections of this fillable form, save, print and sign. Then scan and email it along with your scanned supporting documents to: [securities@finance.idaho.gov](mailto:securities@finance.idaho.gov) or mail photocopied form and supporting documents to address below.

Or

You may print form, complete by hand (print clearly) and sign. Then mail along with your photocopied supporting documents to:

**Idaho Department of Finance**  
**Securities Bureau**  
**P.O. Box 83720, Boise, ID 83720-0031**  
or  
**Express: 800 Park Blvd., Suite 200, Boise, ID 83712**

If you have any questions concerning this form, you may contact the Securities Bureau at 208/332-8004.

# Money Transmitter Complaint Form

WHEN COMPLETING THIS FORM, PLEASE TYPE OR PRINT AS CAREFULLY AS POSSIBLE

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 your complaint.

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

**IDAHO DEPARTMENT OF FINANCE**  
**Securities Bureau**  
**P.O. Box 83720, Boise, ID 83720-0031**  
**Express: 800 Park Blvd, Suite 200, Boise, ID 83712**  
**Fax: 208-332-8099**

## YOUR INFORMATION

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Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Other:	
First Name:	Middle Initial:	Last Name:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Email:			
What is the best way to contact you? Phone <input type="checkbox"/> Mail <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"/>			

## SUBJECT OF COMPLAINT

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Name of Financial Institution or Person:			
Street Address:			
City:		State:	Zip:
Phone:			
Have you tried to resolve your complaint? 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:	Phone:
Have you filed a complaint or contacted another government agency? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, Agency Name?			

## COMPLAINT INFORMATION

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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.

### DESCRIPTION OF EVENTS:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_