



BRAD LITTLE
Governor

SALVADOR CRUZ
Director

Dear Consumer:

Attached is the Complaint Form you requested. Please complete this form and submit copies of supporting documents to the Department at the address located at the bottom of this letter. If you have not already attempted to resolve your dispute with the business or person you are complaining against, you are encouraged to do so prior to submitting a complaint.

By submitting your complaint, you acknowledge and understand that the Idaho Department of Finance does not represent individual consumers in the handling of complaints, and the Department's consumer response process may not result in a resolution that is satisfactory to you.

The Department investigates complaints that allege business practices that violate laws enforced by the Department. The receipt of this information allows the Department to identify and devote resources to serious cases involving the potential for widespread harm to Idahoans. Information provided by consumers, like you, is indispensable to the Department's law enforcement efforts.

Unless you specifically request otherwise, your complaint will be provided to the business or person complained against, with a request for a written response.

In addition to filing a complaint with the Department of Finance, you may also want to consider the following options:

1. The Better Business Bureau may be able to assist you in mediating your dispute with a business.
2. You may want to consider filing a claim 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 wish to consult a private attorney. If you do not have an attorney, you may 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 can be located at: <http://isb.idaho.gov>.
4. Depending upon household income and other factors, you may qualify for legal assistance from the Idaho Volunteer Lawyers Association. More information about this program can be found online at: <https://isb.idaho.gov/ilf/ivlp/legal-assistance/>.

Your written complaint will become part of the Department's file concerning the business or person complained against and will assist the Department in determining whether further action is warranted on behalf of the state of Idaho.

Please be advised that once submitted, your complaint will become a public record that may be inspected by the public if a request is made under Idaho's public records law. Your time and attention in submitting this information is appreciated.

IDAHO DEPARTMENT OF FINANCE
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8002 Fax: (208) 332-8099
<http://finance.idaho.gov>

PROTECTING THE INTEGRITY OF IDAHO FINANCIAL MARKETS SINCE 1905

Idaho Department of Finance Complaint Form

Idaho Department of Finance
11341 W Chinden Blvd Suite A300, Boise, ID 83714

YOUR INFORMATION

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"/>			

ADDITIONAL CONTACT INFORMATION

If you want the Idaho Department of Finance to communicate with someone else, such as a family member, attorney, or other person representing you about your complaint, please provide that person's information below. If you list someone else and sign this form, you are authorizing the Department to communicate with and provide relevant information about you and your complaint to that person.

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

COMPANY INFORMATION

Name of Company:		
Company Contact:		
Phone:		
Company Website:		
Company Email:		
Is there pending legal action against the company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company Address:		
City:	State:	Zip:
Type of Account(s): Investments: <input type="checkbox"/> Money Transmitter: <input type="checkbox"/> Escrow: <input type="checkbox"/> Bank: <input type="checkbox"/> Credit Union: <input type="checkbox"/> Trust: <input type="checkbox"/> Collection Account: <input type="checkbox"/> Pay Day Loan: <input type="checkbox"/> Tite Loan: <input type="checkbox"/> Short Term Installment Loan: <input type="checkbox"/>		Other:
If you selected Investment Account(s) please describe the investment(s) sold to you. Provide full names of all investments listed. Amount invested: \$ Did you receive any documents regarding the investment prior to your investment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide copies in the upload section. If yes, did you sign any documents prior to the investment? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dates the transaction took place:
If you selected Money Transmitter , describe the service you utilized. Manner in which payment was made: Check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Cashier's Check / Money Order <input type="checkbox"/> Other <input type="checkbox"/>		Dates the transaction took place:
If you selected Escrow , please describe the investment(s) sold to you. Provide full names of all investments listed.		Dates the transaction took place:
Have you tried to resolve your complaint with the business or person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, when?	How? Phone: <input type="checkbox"/> Email: <input type="checkbox"/> Mail: <input type="checkbox"/> In Person <input type="checkbox"/>	Other
Have you filed a complaint or contacted another government agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, agency name?		

COMPLAINT INFORMATION

Please be advised that the issues described in this complaint will be shared with the business or person complained against, to allow them to respond.

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.

Is this complaint related to Fraud? Yes No

Be as brief and complete as possible to make the explanation clear.

Add more pages if necessary.

DESIRED RESOLUTION

What action by the business or person complained against would resolve this matter?

ACKNOWLEDGEMENT AND CERTIFICATION

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.

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.

Signature: _____ Date: _____