

Kentucky Department of Financial Institutions

500 Mero Street, 2SW19
Frankfort, KY 40601
502-573-3390 or 800-223-2579
Fax: 502-573-8787

Complaint Form

INSTRUCTIONS: Upon receipt of a properly completed complaint form, the Department of Financial Institutions (DFI) will review the complaint and, generally, request a response from the entity or individual that is the subject of the complaint. Based on this information, DFI will decide whether or not to begin a formal investigation. If a formal investigation is initiated, it will ordinarily remain confidential until terminated, as will any related documentation. You are invited to attach photocopies (no originals please) of supporting documents to the complaint form. Please note, pursuant to Kentucky's open records laws, any information you provide may be subject to public disclosure upon termination of a formal investigation and immediately if no formal investigation is initiated.

YOUR INFORMATION

First Name:	Middle Initial:	Last Name:	
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
E-mail:			
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/>			

ADDITIONAL CONTACT INFORMATION

If you want DFI to communicate with someone else regarding this complaint, such as a family member, friend, attorney, or another person representing you, then please provide your representative's information below. If you provide contact information and sign this form, you are granting DFI permission to communicate with and provide relevant information to that person.

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

ENTITY OR INDIVIDUAL INFORMATION THAT IS SUBJECT OF THE COMPLAINT

Name of Entity or Individual:		
Street Address:		
City:	State:	Zip:
Phone:		
Type of Account(s): bank or credit union: <input type="checkbox"/> security offering, securities individual or entity: <input type="checkbox"/>		
check casher/payday lender: <input type="checkbox"/> mortgage lender/loan officer: <input type="checkbox"/> consumer/industrial lender: <input type="checkbox"/>		
Was this transaction conducted online? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you tried to resolve your complaint directly with the entity or individual? 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 you have received directly from the entity or individual.

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 entity or individual. *DO NOT SEND ORIGINAL DOCUMENTS.*

Please be advised that the issues described in this complaint may be shared with the entity or individual that is the subject of the complaint.

SIGNATURE

PLEASE READ BEFORE SIGNING: I certify that (1) the information provided on or with this form is true and correct to the best of my knowledge and belief, (2) I have read and understand the notice in the paragraph below and (3) I authorize DFI to send a copy of this complaint form to the entity or individual that is the subject of the complaint or to use the information provided in any manner deemed necessary or proper by DFI.

NOTICE: The Department of Financial Institutions does not provide personal legal advice, nor will it represent you in court proceedings. Also DFI cannot decide disputes, arbitrate claims or order firms to pay judgments in personal disputes. In order to recover lost funds or obtain comparable relief, you may need to initiate private legal action; prompt action on your part is critical because state and federal laws known as "statutes of limitations" impose strict time limits on filing lawsuits. Thus, you may wish to contact an attorney immediately. For names of attorneys in your area, contact the Kentucky Bar Association or your local bar association.

Signature: _____ **Date:** _____

To return this form by e-mail, check the signature box below and e-mail to KFI.Complaints@ky.gov.

Checking this box constitutes your legal signature and acceptance of the above agreement.

The form MUST be signed either by hand or by checking the signature box.