



# Arkansas State Bank Department

Candace A. Franks  
Commissioner

Mike Beebe  
Governor

## Arkansas Consumer Complaint Form

Please fill in this form completely, including your signature at the end of the form. The Arkansas State Bank Department (ASBD) will only act on complaints that are **signed** by the complainant(s), legal guardian, attorney of complainant(s) along with their client's authorization, or holder of power of attorney.

ASBD's jurisdiction extends to Arkansas state chartered commercial banks, trust companies, and industrial development corporations, not for profit. If your complaint relates to an entity not under our jurisdiction, we will forward your complaint on to the appropriate regulator and notify you of that referral.

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

**Arkansas State Bank Department  
400 Hardin Road, Suite 100  
Little Rock, Arkansas 72211  
Fax: 501-324-9028**

**Please Note:**

- We cannot act as a court of law or as a lawyer on your behalf
- We cannot give you legal advice
- We cannot become involved in complaints that are in litigation or have been litigated

In filling out this form, print or type clearly so the information can be easily read and understood.

### 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:	
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/>			
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>			

## ADDITIONAL CONTACT INFORMATION

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If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, then 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 that is about you to that person.

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

## FINANCIAL INSTITUTION INFORMATION THAT IS SUBJECT OF THE COMPLAINT

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Name of Financial Institution:		
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

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Please print or type your complaint. 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 any documents you may wish to submit related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank. *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

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

## PRIVACY ACT STATEMENT

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I hereby authorize the Arkansas State Bank Department to share any information contained in this complaint with the appropriate federal regulatory agency.

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

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

We will mail you a written acknowledgement within seven (7) business days of receipt of your completed complaint form.

If you have any questions regarding this case, please call 501-324-9019.