

**State of Connecticut Department of Banking
Government Relations and Consumer Affairs Division
CUSTOMER ASSISTANCE FORM**

Instructions: Please print or type. If you are unable to resolve a complaint directly with your financial institution, you may request assistance from the Department of Banking. Please complete this form (or write a letter) and mail it to the Department of Banking, Government Relations & Consumer Affairs, 260 Constitution Plaza, Hartford, CT 06103-1800. You may also fax it to the agency at (860) 240-8178. Include your name and address with your facsimile. The Department of Banking Foreclosure Hotline number is 877-472-8313.

SECTION I – CONSUMER INFORMATION

NAME (*Last, First, MI*)

DATE:

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

()

HOME TELEPHONE NUMBER

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E-MAIL ADDRESS (*Optional*)

SECTION II – FINANCIAL INSTITUTION INFORMATION

NAME OF INSTITUTION and LOAN NUMBER or ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

SECTION III – NATURE OF PROBLEM (Attach copies, **not originals**, of all documents that relate to your complaint. In addition, tell what resolution you are seeking.) ***If additional space is needed, please attach a separate sheet.***

SECTION IV – AUTHORIZATION

In accordance with the Privacy Act of 1974, I hereby give my consent to a representative of the Department of Banking to make inquiries on my behalf and to receive any relevant information in their efforts to assist in responding to my (our) inquiry.

Signature

Date

Signature

Date

Privacy Statement

In accordance with Section 36a-21 of the Connecticut General Statutes, information obtained, collected or prepared in connection with complaints from the public and received by this agency shall not be disclosed by the Department of Banking, unless such information is not protected from disclosure under federal or state law. However, pursuant to Section 36a-21 of the Connecticut General Statutes, the Banking Commissioner is allowed to disclose such records for any appropriate supervisory, governmental, law enforcement or other public purpose. The information requested on this form will be used to investigate and respond to your complaint or inquiry. Completion of this form is voluntary, but failure to provide requested information may delay or preclude investigation of your complaint or inquiry.

12/2011