

**New Hampshire Banking Department  
CONSUMER COMPLAINT 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 New Hampshire Banking Department. Please complete this form and mail it to the New Hampshire Banking Department, 53 Regional Drive, Suite 200, Concord NH 03301. You may also fax your complaint to the agency at (603) 271-1090. Please ensure that you **SIGN** this form.

---

**SECTION I – CONSUMER INFORMATION**

---

NAME *(Last, First, MI)*

DAYTIME TELEPHONE NUMBER  
(   )

ADDRESS

---

CITY

STATE

ZIP CODE

---

SIGNATURE:

DATE:

---

**SECTION II – FINANCIAL INSTITUTION INFORMATION**

---

NAME OF INSTITUTION

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

**SECTION II – NATURE OF COMPLAINT** (Describe the nature of your complaint, the events in the order in which they occurred, including specific dates and names if possible, and the product or service which is the subject of the complaint. Attach copies, **not originals**, of all documents that relate to your complaint. In addition, indicate the resolution you are seeking. ***If additional space is needed, please attach a separate sheet.***

---

DESCRIPTION: