



STATE OF WYOMING

DEPARTMENT OF AUDIT

Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert L. Forkner
Acting Commissioner

DIVISION OF BANKING Collection Agency Board

Ph: (307) 777-3497 Fax (307) 777-3555 Email: naomi.rhodes@wyo.gov

VERIFIED COMPLAINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

I WISH TO REPORT A COMPLAINT AGAINST THE FOLLOWING COLLECTION AGENCY:

Firm's Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

NATURE OF COMPLAINT: (Explain fully, giving dates, places, amounts, and account numbers, using attachments if necessary) _____

Name of firm's representatives I have had contact with: _____

Attach copies of all papers, instruments and correspondence delivered to you pertaining to the credit transaction prompting this complainig.

As part of the Collection Agency Board's investigation, a copy of this complain will be provided to the person or firm that the complaint is filed against for their comment.

I understand that my signature authorizes the Collection Agency Board to initiate the investigation of my complaint.

I agree to testify, declare, depose or certify before any competent tribunal, officer of person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts set forth above.

Signed: _____ Date: _____

OATH

State of _____)

)ss

County of _____)

Before me, _____, a Notary Public in and for _____
County, State of Wyoming, personally appeared _____ and he (or she)
being first duly sworn by me upon his (her) oath says that the facts alleged in the foregoing instrument are true.

Witness my hand and official seal;

Notary Public

(SEAL)

My commission expires: _____