



STATE OF WYOMING

DEPARTMENT OF AUDIT

Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert Forkner
Acting Commissioner

DIVISION OF BANKING

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CONSUMER COMPLAINT FORM

Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Business Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

I WISH TO REPORT A COMPLAINT AGAINST THE FOLLOWING COMPANY:

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 complaint.

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

My signature authorizes the Wyoming Division of Banking to initiate the investigation of my complaint.

Signed: _____ Date: _____