APPENDIX A.

Consumer Complaint Form

Name of Financial Institution Complaining about……

Address of Financial Institution……

NAME OF CONSUMER ……

ADDRESS OF CONSUMER ……

CONTACT NUMBER ……

DATE OF INCIDENT……

ACCOUNT NUMBER (*account number, if applicable*) ……

NAME OF PRODUCT ……

DATE OF TRANSACTION(S) ……

PLACE OF TRANSACTION(S)……

STATE PROBLEM: ……

……

……

……

……

……

Specific Action Requesting: ……

……

……

Attached are copies of my records (Do not send originals) **……**

……

Consumer's signature:**……** Date: **……**

Received by: (Authorized Personnel of Financial Institution) **……** Date **……**