



www.azdfi.gov

# Arizona Department of Financial Institutions

## Complaint Form

2910 N. 44<sup>th</sup> Street, #310, Phoenix, AZ 85018

Telephone: (602) 771-2800

Fax: (602) 381-1225

### Your Information

|                              |                              |                        |           |
|------------------------------|------------------------------|------------------------|-----------|
| Mr. <input type="checkbox"/> | Ms. <input type="checkbox"/> | First Name             | Last Name |
| Address (line 1)             |                              |                        |           |
| Address (line 2)             |                              |                        |           |
| City                         | State                        | Zip Code               |           |
| Primary Phone Number         |                              | Alternate Phone Number |           |
| Email                        |                              |                        |           |

### Company and/or Person(s) Complaint is against

|                  |                          |          |
|------------------|--------------------------|----------|
| Company Name     | Person(s) you dealt with |          |
| Address (line 1) |                          |          |
| Address (line 2) |                          |          |
| City             | State                    | Zip Code |
| Phone Number     | Fax Number               |          |
| Email            |                          |          |
| Website          |                          |          |

### Additional Information

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Would you be willing to testify, under oath, regarding the matters set forth in this complaint? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you complained to the company and or person(s) involved?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, to whom?   |                              |                             |
| What was their response?   |                              |                             |
|  |                              |                             |
| 3. Did you sign any documents?      Yes <input type="checkbox"/> No <input type="checkbox"/>       |                              |                             |
| 4. Have you contacted an attorney?      Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |                             |

**If YES, please be aware the Department may be unable to act while there is pending litigation, but will still process your complaint.**

|                  |                 |          |
|------------------|-----------------|----------|
| Name of Firm     | Attorney's Name |          |
| Address (line 1) |                 |          |
| Address (line 2) |                 |          |
| City             | State           | Zip Code |



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### Description of Events

Place of Transaction

Date of Transaction

Witness to Transaction

Product or Service Involved

Was the product or services advertised? **If possible, please provide a copy of the advertisement** Yes  No

Total Amount of Damages (list actual loss only)

Other Government Agency(ies) Contacted

Please describe the entire circumstances and events surrounding your complaint, in the order they occurred. When describing what happened please include what, when, where, why, and how the events transpired and who was involved. If necessary, please use additional sheets of paper, if you need more space.

Please attach copies of all documents relevant to the complaint.

### Preferred Resolution

What action by the company and/or person(s) would resolve this matter to your satisfaction? If necessary, please use additional sheets of paper, if you need more space.

May we send a copy of your complaint to the company or person(s) you are complaining against? Yes  No

**If NO, the Department may be prevented from taking any action on your complaint**

I declare, under penalty of perjury, that the facts and statements contained in the foregoing complaint, including all attachments, are true and correct based on my personal knowledge.

|                          |  |      |
|--------------------------|--|------|
|                          |  |      |
| Signature of Complainant |  | Date |