

Illinois Department of Financial and Professional Regulation

COMPLAINT TYPE: _____

Go to: <https://online-obre.micropact.com/Lookup/LicenseLookup.aspx> to search financial institutions.

1. Please type or print clearly in dark ink.
2. Please attach copies of important papers concerning your complaint. Use a separate sheet of paper if more space is needed. Do not send originals. Please be advised that the issues described in this complaint will be shared with the Respondent.
3. IDFPFR cannot act on your behalf in a court of law or as a lawyer, give legal advice, or become involved in complaints that are in litigation or have been litigated.

I. COMPLAINANT (Your information, unless you are submitting a complaint on behalf another individual)

Complainant Name	Daytime Telephone Number	
Address	Evening Phone (Optional)	Email Address
City/Town	State	ZIP Code

Complainant's Age (Optional*)

Place check (✓) by one of the following or provide actual age:

<input type="checkbox"/>	60 years or older
<input type="checkbox"/>	18-59 years old
<input type="checkbox"/>	Less than 18 years old
<input type="checkbox"/>	_____ years old

Is Complainant Disabled? (Optional*)

Place check (✓) by one of the following:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

II. CONTACT PERSON on behalf of Complainant (Indicate "Same" if the Contact Person is also the Complainant)

Contact's Name	Contact's Telephone No.		
Contact's Address	City/Town	State	ZIP Code

III. RESPONDENT (Please provide the following for the professional of financial institution your complaint is against)

Business or Professional's Name	Business/Professional <u>Category</u> (bank, mortgage company, broker, originator, etc)	Business or Professional's Telephone Number
Business Address		Account Number
City/Town	State	County of Occurrence (Optional)

Briefly describe your complaint:

Date of Occurrence:

* NOTE - Providing the complainant's age and disability status under Section I above will better assist IDFPFR in tracking complaints involving seniors and disabled individuals.

IDFPR Complaint Form

(Continue description here if additional space is needed)

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Briefly describe your desired resolution:

IV. CERTIFICATION

I certify that the information provided on, or with this form is true and correct to the best of my knowledge. I hereby request that IDFPR conduct a review of my complaint. To assist with this review, I authorize any person or entity in connection with this complaint to provide relevant information.

Signature _____ Date _____

** To mail complaints involving a **financial institution other than** a credit union or consumer credit licensee, please mail to:

IL Dept. of Financial and Professional

ATTN: Consumer Services/Banking {or for non-banking: ATTN: Div. of Financial Institutions}

555 West Monroe Street, 5th Floor

Chicago, IL 60661

*Email complaint to: **FPR.DOBComplaint@illinois.gov** Complaint inquiries: Bank (and related) Complaints: (312) 793-1438*

DEPARTMENT USE ONLY

Complaint / Claim Received By: _____ Date: _____

How Received: Phone E-mail Letter Walk-in

**** You will receive an acknowledgment letter in the mail or by email****