



State of Washington

**DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF BANKS**

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8704 • TDD (360) 664-8126 • FAX (360) 704-6904 • [www.dfi.wa.gov/banks](http://www.dfi.wa.gov/banks)

**Consumer Complaint**

We have found complaints can normally be resolved if the consumer contacts the bank directly. If you have not already done so, please contact the appropriate bank officer and attempt to resolve the problem. If direct contact with the bank is unsuccessful or you are not satisfied with the results, please fill out this form and send it, along with copies of the bank's response and any other appropriate documentation, to the Division of Banks. Your complaint will be promptly acknowledged, and you will be notified of the final disposition.

**NOTE:** The Division of Banks regulates Titles 30A and 30B, 32, and 33 of the Revised Code of Washington. Disputes involving contract interpretation, questions of fact, or other legal issues fall under the jurisdiction of the courts, and you will be advised to seek legal counsel.

**Public Records Disclosure Act**

The Washington Public Records Act (PRA), RCW 42.56, may require disclosure of a complaint after a file is closed. If you choose, you may keep your identifying information exempt from disclosure under the PRA by checking this box. Please note that this exemption does not necessarily restrict the release of your identifying information pursuant to a court order, subpoena, or during litigation.

**Your Information (Please do NOT include your SS# or Account #):**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Bank Information:**

**Name of Bank:**

\_\_\_\_\_

**Location:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**Who You Contacted:**

\_\_\_\_\_

**Complaint/Problem:**

Briefly describe the problem or complaint in the space provided below. If necessary, attach additional pages or documentation.

**Declaration:**

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_