

**Consumer Complaint:**

We have found complaints can normally be resolved if the consumer contacts the bank or licensee directly. If you have not already done so, please contact the appropriate bank or licensee and attempt to resolve the problem. If direct contact with the bank or licensee is unsuccessful or you are not satisfied with the results, please fill out this form. Once completed, please **print** this form and mail to the Iowa Division of Banking.

Iowa Division of Banking  
200 East Grand Avenue, Suite 300  
Des Moines, IA 50309

While the division will attempt to resolve complaints as quickly as possible, the bank or licensee will be afforded adequate time to research and respond to a complaint. The division normally will allow the bank or licensee 10 to 20 business days to respond to a complaint. However, the time allowed will vary depending upon the nature and complexity of the complaint.

**DISCLAIMER:**

*The Iowa Division of Banking is not authorized to act as a judge in settling contract disputes. These are legal matters that may have to be settled in the appropriate court. If formal legal proceedings have been initiated against the bank or licensee, the Iowa Division of Banking will not intervene in the legal process or further pursue the complaint. The Iowa Division of Banking will also decline to pursue the complaint if it has been previously adjudicated.*

*Employees of the Iowa Division of Banking are not attorneys and are prohibited from providing legal advice. If you need advice and guidance to determine what course of action to take, you will have to consult with an attorney.*

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

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

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

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

**Telephone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Bank Information:**

**Name of Bank or Licensee:** \_\_\_\_\_

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

**Have you contacted the Bank or Licensee: Yes or No**

**Complaint Details:**

Please describe the summary of facts surrounding the complaint in the space below. If necessary please attach additional pages or documentation.

**Desired Outcome:**

Please provide a brief statement of the desired resolution.

**Declaration:**

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

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

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