

Instructions:

- Please type or print in black ink.
- A copy of this complaint will be provided to the person or firm you are complaining against.
- Explain the problem in detail, include all important information, such as dates, places, contracts, letters, advertisements, sales slips or other documents that may support your complaint.
- Please complete the complaint form and email it to financial.institutions@difi.az.gov along with supporting documentation. Our ability to assist you will depend upon your giving us a complete and detailed statement including any misrepresentation made to you. Keep all original supporting documents for your files.

Your Information:

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Name:		
Address Line 1:				
Address Line 2:				
City:			State:	Zip Code:
Home Phone:		Cell Phone:		Work Phone:

Firm(s) and/or Person(s) Complaint is against:

Company Name:				
Address Line 1:				
Address Line 2:				
City:			State:	Zip Code:
Phone:		FAX:		

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 firm(s) and/or person(s) involved?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 give Attorney's Name:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:				
Address Line 1:				
Address Line 2:				

Telephone: (602) 771-2800

**100 N. 15th Avenue Suite 261
 Phoenix, AZ 85007**

See our website at
www.difi.az.gov

Form:	COMPLAINT-001
Revised	04/04/2024



Complaint Form

City:

State:

Zip Code:

If you answered Yes to Question #4 above, please be aware that the Department may not be able to act while there is pending litigation.

Description:

Place of Transaction:

Date of Transaction:

Witness to Transaction:

Product or service involved:

Other government agencies contacted:

Please explain the entire circumstances surrounding your complaint below.

Resolution:

What action by the firm(s) and/or person(s) would resolve this matter to your satisfaction?

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Complaint Form

I verify, under penalty of law, that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief.

Signature of Complainant

Date

Please include all supporting documentation with this complaint form.