

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS  
OFFICE OF THE LIEUTENANT GOVERNOR  
DIVISION OF BANKING AND INSURANCE**

**BANKING COMPLAINT FORM**

Complaint No. \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Resolved: \_\_\_\_\_

**COMPLAINANT:**

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

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

Telephone No.: (\_\_\_\_) \_\_\_\_\_ (home)/ (\_\_\_\_) \_\_\_\_\_ (Work)

**STATUS OF COMPLAINANT:**

BANK CUSTOMER     BANK EMPLOYEE     BORROWER  
 TRUSTEE     OTHER \_\_\_\_\_

**COMPLAINT AGAINST:**

BRANCH MANAGER     BANK     LOAN CLERK  
 CONSULTANT     OTHER \_\_\_\_\_

Indicate Individual's/Company's Name: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Facsimile No.: (\_\_\_\_) \_\_\_\_\_

**ACCOUNT TYPE:**

SAVINGS     PERSONAL LOAN     COMERCIAL LOAN  
 CHECKING     AUTO LOAN     MORTGAGE  
 OTHER \_\_\_\_\_

**REASON FOR COMPLAINT:**

<input type="checkbox"/> INTEREST RATES	<input type="checkbox"/> MISREPRESENTATION
<input type="checkbox"/> UNEARNED INTEREST	<input type="checkbox"/> SERVICE
<input type="checkbox"/> CLOSING OF ACCOUNTS	<input type="checkbox"/> LOAN BALANCE
<input type="checkbox"/> CANCELLATION WITHOUT WRITTEN NOTIFICATION	
<input type="checkbox"/> DENIAL OF LOAN <input type="checkbox"/> OTHER _____	

**SUMMARY/REASON FOR COMPLAINT:**

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

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

**EXAMINER'S FINDINGS:**

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

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

<b>Hearing Requested By:</b> _____	<b>Hearing Date:</b> _____
<b>Notice of Penalty:</b> _____	<b>Penalty Imposed:</b> _____
<b>Court Action:</b> _____	<b>Date:</b> _____