

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

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:

Signature

Date

EXAMINER'S FINDINGS:

Signature

Date

Hearing Requested By: _____	Hearing Date: _____
Notice of Penalty: _____	Penalty Imposed: _____
Court Action: _____	Date: _____