

**State of South Carolina
Board of Financial Institutions
Office of the Commissioner of Banking**

CONSUMER COMPLAINT FORM

COMPLAINANT:

Complainant		Additional Complainant (if applicable)	
Address			
City	State	Zip Code	E-mail address
Phone Number ()	Date of Transaction		Disputed Amount
Explanation of Complaint (attach additional sheets if necessary)			

FINANCIAL INSTITUTION:

Institution Name		
Individual Name (if applicable)		
Address		
City	State	Zip Code
Name of Person Contacted at Financial Institution		Date Contacted
Response (attach additional sheets if necessary)		

**State of South Carolina
Board of Financial Institutions
Office of the Commissioner of Banking**

CONSUMER COMPLAINT FORM

If formal legal action has been initiated by the consumer against the financial institution or if the complaint has been the subject of a prior legal action which has been adjudicated, the Board of Financial Institutions will defer to the courts.

Is there any legal action pending? Yes No

Has the complaint been the subject of prior legal action which has been adjudicated?
 Yes No

What action by the financial institution would resolve this matter to your satisfaction?

I verify that the information given in this complaint is true to the best of my knowledge. I authorize the Office of the Commissioner of Banking to send this complaint to the financial institution or use the information given in any other manner deemed necessary. I understand that the South Carolina Freedom of Information Act may require the Office of the Commissioner of Banking to release a copy of my complaint as a public record.

Signature _____

Date _____

Please attach copies of all important documentation.

Return completed form to: Office of the Commissioner of Banking
1205 Pendleton Street, Suite 305
Columbia, SC 29201
Fax: (803)734-2013
Email: complaints@banking.sc.gov