



New Mexico Regulation and Licensing Department

FINANCIAL INSTITUTIONS DIVISION

Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87504
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(505) 476-4885 ▪ Fax (505) 476-4670 ▪ www.rld.state.nm.us/financialinstitutions

COMPLAINT FORM

In filing this complaint, I understand that the Financial Institutions Division does not serve as legal counsel or a private lawyer in representing private citizens. I am filing this complaint to notify your office of activities of a regulated industry and to request your assistance in resolving this matter.

Have you referred this matter to an attorney, the courts, or other regulatory authority? Yes No

If you marked "Yes" above, please provide the name(s) and contact information for your attorney(s) and any case name, case number, or other tracking information concerning any related court case or administrative proceeding:

Please know, if you have retained counsel to represent you on your specific complaint, or if there is any court case or administrative proceeding already pending concerning the subject of your complaint (i.e. bankruptcy, foreclosure, civil suit, etc.), this office will make a record of your complaint and will evaluate any information/claims determined to fall within the Division's jurisdiction and authority, but the Division will not be able to mediate your complaint.

TELL US ABOUT YOURSELF

Name: _____

Address: _____ City/State/Zip: _____

Phone numbers: Home: _____ Work: _____ Cell: _____

E-mail: _____

Loan or Deposit Account # (if applicable) _____

YOUR COMPLAINT IS AGAINST

Business Name: _____ Type of business: _____

Individual's Name: _____

Address: _____

City/State/Zip: _____ E-mail: _____

Phone number: _____ Fax: _____

What is your complaint? Attach additional pages if necessary and include *copies* of all supporting documentation and material.

What would you consider a satisfactory resolution of this complaint? Attach additional pages if necessary.

I understand that a copy of this complaint may be sent to the person against whom I am filing this complaint. I further understand that if I have knowingly filed false or misleading information, the Financial Institutions Division may close this complaint.

Your Signature: _____ Date: _____