



COMPLAINT FORM

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

Has this matter been referred to an attor	ney, the courts, or	other regulatory	authority?	Yes	No
If you marked "Yes" above, please proname, case number, or other tracking in			•	• • •	•
Please Note: If you are represented by a or already decided regarding your complaint and revie will not be able to mediate your specific	laint (for example, w any matters with	bankruptcy, fore	closure, or a c	ivil lawsuit), th	ne Division
Tell us about yourself:					
Name:					
Address:			p:		
Phone numbers: Home:	Work:		Cell	:	
E-mail address:					
Account # (if applicable):					
Your complaint is against:					
Business Name:		Phone numb	er:		
Individual's Name:					
Address:					
Email address:					
Type of business: Unlicensed enti		lated work (also	choose indust	try below)	
Bank	Collection Agency		Credit Union		
Endowed Care Cemetery	Escrow Com	pany	Money Service Business		
Mortgage Loan Company	Mortgage Lo	oan Originator	Motor Veh	icle Sales Fina	nce Co.
Repossessor	Small Loan Company		Trust Company		





STATE OF NEW MEXICO MICHELLE LUJAN GRISHAM, GOVERNOR Clay Bailey, Superintendent Mark Sadowski, Director

	tion of this complaint? Attach additional pages if necessary. ges, fees, or other remedies not authorized by statute. When a limitation in mind.
cannot act as legal counsel or represent private	t the Financial Institutions Division (Division) does <u>not</u> and citizens in any legal capacity. I am filing this complaint to gulated entity, or of actions by an unlicensed entity that may ivision's assistance in resolving this matter.



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