



www.azdfi.gov

Arizona Department of Financial Institutions

Complaint Form

100 N. 15th Avenue, #261, Phoenix, AZ 85007

Telephone: (602) 771-2800

Fax: (602) 381-1225

Your Information

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First Name	Last Name
Address (line 1)			
Address (line 2)			
City	State	Zip Code	
Primary Phone Number		Alternate Phone Number	
Email			

Company and/or Person(s) Complaint is against

Company Name	Person(s) you dealt with	
Address (line 1)		
Address (line 2)		
City	State	Zip Code
Phone Number	Fax Number	
Email		
Website		

Additional Information

1. Would you be willing to testify, under oath, regarding the matters set forth in this complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you complained to the company and or person(s) involved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, to whom?		
What was their response?		
3. Did you sign any documents? Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Have you contacted an attorney? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If YES, please be aware the Department may be unable to act while there is pending litigation, but will still process your complaint.

Name of Firm	Attorney's Name	
Address (line 1)		
Address (line 2)		
City	State	Zip Code



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Description of Events

Place of Transaction

Date of Transaction

Witness to Transaction

Product or Service Involved

Was the product or services advertised? ***If possible, please provide a copy of the advertisement*** Yes No

Total Amount of Damages (list actual loss only)

Other Government Agency(ies) Contacted

Please describe the entire circumstances and events surrounding your complaint, in the order they occurred. When describing what happened please include what, when, where, why, and how the events transpired and who was involved. If necessary, please use additional sheets of paper, if you need more space.

Please attach copies of all documents relevant to the complaint.

Preferred Resolution

What action by the company and/or person(s) would resolve this matter to your satisfaction? If necessary, please use additional sheets of paper, if you need more space.

May we send a copy of your complaint to the company or person(s) you are complaining against? Yes No

If NO, the Department may be prevented from taking any action on your complaint

I declare, under penalty of perjury, that the facts and statements contained in the foregoing complaint, including all attachments, are true and correct based on my personal knowledge.

Signature of Complainant		Date