Kansas Consumer Assistance Form

Mail, fax, or email this completed form with any attachments to:

Kansas Office of the State Bank Commissioner Attn: Consumer Affairs Department 700 Jackson, Suite 300 Topeka, KS 66603 Telephone: (785) 296-2266

Fax: (785) 296-6037

Email: complaints@osbckansas.org

YOUR INFORMATION

First Name: Street Address:	Middle Initial:	Last Name:			Mr.	
Street Address.						
City:			State:	Zip:		
Daytime Phone:		Cell Phone:				
Email:						
COMPANY OR INDIVIDUAL (SUBJECT OF YOUR CONCERN)						
Name of Company or Individual:						
Street Address:						
City:			State:	Zip:		
Phone:						
Have you tried to resolve your concerns? Yes No						
If Yes, When?	How? Phone	☐ Mail ☐ In	Person	Other		
Contact Name:	Title:					
Have you filed a complaint with, or contacted another government agency about this matter? Yes ☐ No ☐						
If Yes, Agency Name?						

SUPPORTING INFORMATION

In the space below, describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s) or interaction(s). You should also include any response received from the company in question. Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space. Please include *COPIES* of documents related to your concerns, such as contracts, monthly statements, receipts and correspondence with the company. *DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED.*

Please be advised that information you provide may be shared with the company in question for the response or additional regulatory agencies as appropriate.
DESIRED RESOLUTION
What action by the company or individual would resolve this matter to your satisfaction?
 Please Note: The Office of the State Bank Commissioner cannot act as a court of law or as a lawyer on your behalf.
We cannot give you legal advice.
 If you are represented by an attorney in this manner our assistance may be limited. The Office of the State Bank Commissioner cannot become involved in disputes between business entities
matters involving collections, compensation, etc.
By signing this form, you certify that the information provided on, or with, this form is true and correct to the best of
your knowledge.
Signature Date:
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