

Kansas Consumer Assistance Form

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

Kansas Office of the State Bank Commissioner
Attn: Consumer Assistance Unit
700 Jackson, Suite 300
Topeka, KS 66603
Telephone: (785) 296-2266
Fax: (785) 296-6037
Email: complaints@osbckansas.org

YOUR INFORMATION

Prefix:	First Name:	Middle Initial:	Last Name:
Street Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:		
Email:			

COMPANY OR INDIVIDUAL YOUR COMPLAINT IS AGAINST

Name of Company or Individual:			
Street Address:			
City:	State:	Zip:	
Phone:			
Company Website:			
Have you tried to resolve your complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, When?	How? Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	In Person <input type="checkbox"/> Other
Contact Name:	Title:		
Have you filed a complaint or contacted another government agency about this matter? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, Agency Name?			

COMPLAINT 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). 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 complaint such as contracts, monthly statements, receipts and correspondence with the company. *DO NOT SEND ORIGINAL DOCUMENTS.*

Please be advised that the issues described in this complaint may be shared with the company in question for their response.

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 in matters involving collections, compensation, etc.

By checking the box and submitting this form electronically via email or other electronic means, you certify the information provided on, or with, this form is true and correct to the best of your knowledge.

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:** _____