

# 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**  
**700 Jackson, Suite 300**  
**Topeka, KS 66603**  
**Telephone: (785) 380-3939**  
**Fax: (785) 371-1229**

Email: [complaints@osbckansas.org](mailto:complaints@osbckansas.org)

## YOUR INFORMATION

First Name:	Middle Initial:	Last Name:	Mr. <input type="checkbox"/>
			Ms. <input type="checkbox"/>
			Mrs. <input type="checkbox"/>
Street Address:			
City:		State:	Zip:
Daytime Phone:		Cell Phone:	
Email:			
I am (mark all that apply): Over age 60 <input type="checkbox"/> Partially or Fully Disabled <input type="checkbox"/> Unable to read and/or write <input type="checkbox"/>			
Non-English speaking <input type="checkbox"/> A member of the military or a veteran <input type="checkbox"/>			
Immediate family of a member of the military or a surviving spouse of a veteran <input type="checkbox"/>			

## 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 <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 with, or contacted another government agency about this matter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Agency Name?		

## SUPPORTING INFORMATION

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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 their response or additional regulatory agencies as appropriate.**

## DESIRED RESOLUTION

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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 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: \_\_\_\_\_