

**State of Maine, Department of  
Professional and Financial Regulation**

Bureau of Financial Institutions  
Consumer Outreach Program  
36 State House Station  
Augusta, ME 04333-0036  
PHONE: (207)624-8570 FAX:(207) 624-8590



**INQUIRIES AND ASSISTANCE FORM**

**IMPORTANT INFORMATION:**

- 1. Our** authority is limited to those institutions which are chartered or supervised by the State of Maine Bureau of Financial Institutions. If you need assistance with a bank or credit union that is not regulated by the Bureau, the matter may be forwarded to the appropriate governmental regulatory agency.
- This form is a guideline. You are encouraged, yet not required to complete the entire form in order to receive a response. The Consumer Outreach Specialist will contact you regarding your inquiry or request for assistance and can obtain additional information at that time.
  - Provide a detailed description of the experience, transaction, or incident of concern. Or, if you have a question or inquiry, please state your question in detail.
  - If there is a problem, tell us what you think the financial institution has done wrong.
  - If there is a problem, tell us what steps you have already taken to resolve the problem, and what explanation, if any, was provided by the financial institution?
  - State what remedy or result you want.
  - **Do not provide account numbers or social security numbers.** Account numbers and SSNs are not necessary to resolve your complaint.
- Please note that the Bureau, as a regulatory agency, **cannot** provide legal advice and it does not have the statutory authority to adjudicate factual disputes; those issues are more appropriately handled by the courts. We **cannot** become involved in complaints where you are represented by an attorney, are in litigation or where issues have been litigated.
- Return the completed form to the Bureau of Financial Institutions at the address above. To submit this form electronically you may also **copy** and **paste** the form into an email to be sent to [bf.info@maine.gov](mailto:bf.info@maine.gov). If you choose to send a printable form or documents by e-mail, the Bureau **cannot guarantee** the confidentiality of your information during electronic transmission, and encourage using our **online form** to file electronically. Once this form is received by the Bureau your file will be confidential.

**CONSUMER INFORMATION:**

Select:	Last Name:	First Name:	Middle Initial:
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Address:

City:	State:	Zip:
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What is the best way to contact you during the day?

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Other \_\_\_\_\_

If you have an issue or concern is it, or has it been, a subject of litigation?

Yes  No

**FINANCIAL INSTITUTION INFORMATION:**

Financial Institution Name:

Address:

City:	State:	Zip:
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Name in which account is listed:	Is this account (select one): <input type="checkbox"/> Personal <input type="checkbox"/> Business	Date of last contact:
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Please provide details of your inquiry, issue, or problem. If you have been discussing your issue with someone at your bank or credit union, please try to include their names.

What remedy or result do you want:

Does the Bureau of Financial Institutions have your permission to contact the named bank or credit union?

Yes     No

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name