



STATE OF WYOMING
DEPARTMENT OF AUDIT

DIVISION OF BANKING
Collection Agency Board

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Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert Forkner
Commissioner

VERIFIED COMPLAINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I WISH TO REPORT A COMPLAINT AGAINST THE FOLLOWING COLLECTION AGENCY:

Firm's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NATURE OF COMPLAINT: (Explain fully, giving dates, places, amounts, and account numbers, using attachments if necessary) \_\_\_\_\_

Multiple horizontal lines for writing the nature of the complaint.

Name of firm's representatives I have had contact with: \_\_\_\_\_

Horizontal line for writing the name of firm's representatives.

Attach copies of all papers, instruments and correspondence delivered to you pertaining to the credit transaction prompting this complaint.

As part of the Collection Agency Board's investigation, a copy of this complain will be provided to the person or firm that the complaint is filed against for their comment.

I understand that my signature authorizes the Collection Agency Board to initiate the investigation of my complaint.

I agree to testify, declare, depose or certify before any competent tribunal, officer of person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts set forth above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OATH**

State of \_\_\_\_\_)

)ss

County of \_\_\_\_\_)

Before me, \_\_\_\_\_, a Notary Public in and for \_\_\_\_\_  
County, State of Wyoming, personally appeared \_\_\_\_\_ and he (or she)  
being first duly sworn by me upon his (her) oath says that the facts alleged in the foregoing instrument are true.

Witness my hand and official seal;

\_\_\_\_\_  
Notary Public

(SEAL)

My commission expires: \_\_\_\_\_