

New Jersey Department of Banking and Insurance
Consumer Inquiry and Response Center ("CIRC")
P.O. Box 471 – Trenton, New Jersey 08625-0471

Phone: (609) 292-7272

Fax: (609) 454-8468

If you previously contacted the Department and were given a CIRC tracking number, please enter it below.

CIRC Tracking # _____

**New Jersey Division of Banking
Complaint or Inquiry Form**

PLEASE PRINT OR TYPE:

Name(s): _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell: _____ Email Address: _____

Complaint or Inquiry Involving:

Name of Entity: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Date of Transaction/Issue: _____

Loan Number (if applicable): _____

PLEASE ATTACH A BRIEF TYPED OR CLEARLY WRITTEN SUMMARY OF YOUR COMPLAINT OR INQUIRY. THIS SUMMARY SHOULD INCLUDE WHAT TYPE OF RESOLUTION YOU WOULD LIKE TO SEE IN THIS MATTER. (Be sure to enclose copies of any documentation to support your claim)

PLEASE NOTE: As an initial step, you should try to address this matter in writing with the entity involved and allow a reasonable period of time for a response. To facilitate your complaint, please provide the Department of Banking and Insurance with written evidence of your efforts to resolve this matter, including copies of replies you have received. If you already have such evidence; please submit it along with this completed form. Please mail/fax this signed form to the above address along with copies of any pertinent documents.

By signing this form, I understand that a copy of this form and enclosures may be sent to the party cited within the request and authorize the release to the N.J. Department of Banking and Insurance of any records pertinent to this request.

Signature(s): _____

Date: _____