



Commonwealth of Puerto Rico  
Office of the Commissioner of Financial Institutions  
Complaints Division

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**PERSON FILING THE COMPLAINT**

NAME \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

\_\_\_\_\_, PUERTO RICO ZIP CODE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

\_\_\_\_\_, PUERTO RICO ZIP CODE \_\_\_\_\_

TELEPHONE (DURING BUSINESS HOURS) \_\_\_\_\_ OTHER \_\_\_\_\_

**AGAINST WHOM IS THE COMPLAINT BEING FILED**

NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

\_\_\_\_\_, PUERTO RICO ZIP CODE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

\_\_\_\_\_, PUERTO RICO ZIP CODE \_\_\_\_\_

TELEPHONES \_\_\_\_\_

**OTHER INFORMATION REQUIRED**

1. Briefly detail the **facts comprising the claim and all pertinent information** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (use the reverse if needed)

2. If you know, the legal provision applicable to your claim \_\_\_\_\_

\_\_\_\_\_

3. Indicate the remedy or solution you seek \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Important: include copies of all evidence you have**, particularly of your claim to the institution

and its response to your letter.

5. Indicate if you are willing to testify under oath or affirmation, if necessary. \_\_\_ Yes \_\_\_ No

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of claimant:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

REFERIDO POR: AGENCIA \_\_\_\_\_ PERSONA \_\_\_\_\_ TELÉFONO \_\_\_\_\_

RECIBIDO POR OCIF EN: \_\_\_\_\_ ASIGNADO A \_\_\_\_\_ CASO # \_\_\_\_\_

