

Illinois Department of Financial and Professional Regulation

FPR.DOBCompl

COMPLAINT TYPE: _____

Go to: www.idfpr.com/LicenseLookUp/LicenseLookUp.asp for a complete list of professions and financial institutions.

1. Please type or print clearly in dark ink.
2. Please attach copies of important papers concerning your complaint. Use a separate sheet of paper if more space is needed. Do not send originals. Please be advised that the issues described in this complaint will be shared with the Respondent.
3. IDFPFR cannot act on your behalf in a court of law or as a lawyer, give legal advice, or become involved in complaints that are in litigation or have been litigated.

I. COMPLAINANT (Your information, unless you are submitting a complaint on behalf another individual)

Complainant Name DeVictor King Mason, Sr.	Daytime Telephone Number 503-9740	
Address 1220 N ROBERT A STALLS AVE	Evening Phone (Optional)	Email Address letters@devictormason.com
City/Town CARBONDALE	State ILLINOIS	ZIP Code 62901

Complainant's Age (Optional*)

Place check (✓) by one of the following or provide actual age:

<input type="checkbox"/>	60 years or older
<input type="checkbox"/>	18-59 years old
<input type="checkbox"/>	Less than 18 years old
<input checked="" type="checkbox"/>	73 _____ years old

Is Complainant Disabled? (Optional*)

Place check (✓) by one of the following:

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

II. CONTACT PERSON on behalf of Complainant (Indicate "Same" if the Contact Person is also the Complainant)

Contact's Name SAME	Contact's Telephone No. 273-2641		
Contact's Address	City/Town	State	ZIP Code

III. RESPONDENT (Please provide the following for the professional of financial institution your complaint is against)

Business or Professional's Name First Southern Bank	Business/Professional Category (bank, mortgage company, broker, originator, etc)	Business or Professional's Telephone Number 273-2641
Business Address 301 E MAIN STREET	Account Number 2355189	
City/Town Carbondale	State Illinois	County of Occurrence (Optional) Jackson

Briefly describe your complaint: _____ Date of Occurrence: _____

73 year old US Vet, V.A. & Social Security pensioner stranded and destitute in Cambodia forced to launch GoFundMe (<https://gofund.me/d2d1614e>) because First Southern Bank ATM card expired in November and Bank prohibits access to his funds.

Bank implements "security" blocking Western Union App and PayPal App while refusing to send requested updated ATM data to allow access into my account. Am stranded, destitute and require medical attention which the Bank's activities prevent, in order to further damage my health and wellbeing.

Complainant demands immediate access to his funds, does not require a physical ATM card, and demands removal of all "security" or other blocks prohibiting unrestricted access to my monthly pensions.

* NOTE - Providing the complainant's age and disability status under Section I above will better assist IDFPFR in tracking complaints involving seniors and disabled individuals.

IDFPR Complaint Form

(Continue description here if additional space is needed)

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Briefly describe your desired resolution:

- #1.) Immediate removal of all "security" blocking access to my Western Union App & PayPal App so I may withdraw funds.
- #2.) Send via email "letters@devictormason.com", the current ATM data so I may access online withdrawing.
- #3.) Provide Illinois Electronic Signature Act protections and access to me.

IV. CERTIFICATION

I certify that the information provided on, or with this form is true and correct to the best of my knowledge. I hereby request that IDFPR conduct a review of my complaint. To assist with this review, I authorize any person or entity in connection with this complaint to provide relevant information.

Signature _____ Date 01/16/2023

** To mail complaints involving a financial institution *other than* a credit union or consumer credit licensee, please mail to:

IL Dept. of Financial and Professional
ATTN: Consumer Services/Banking {or for non-banking: ATTN: Div. of Financial Institutions}
555 West Monroe Street, 5th Floor
Chicago, IL 60661

Email complaint to: **FPR.DOBComplaint@illinois.gov** Complaint inquiries: Bank (and related) Complaints: **(312) 793-1438**

DEPARTMENT USE ONLY

Complaint / Claim Received By: _____ Date: _____

How Received: Phone E-mail Letter Walk-in

**** You will receive an acknowledgment letter in the mail or by email****