

<b>Complaint Number:</b> <b>(INTERNAL USE ONLY)</b>

**Coin Cafe**  
**Client Complaint Form**

Please submit this complaint form if you are dissatisfied with any aspect of service at Coin Cafe. All decisions will be communicated to you (the "Complainant"), in writing, within ten (10) working days.

**I. Complainant Information**

<u>First and Last Name:</u>
<u>Mailing Address:</u>
<u>Telephone Number:</u>
<u>Email:</u>

**II. Characterization of Complaint**

Name of Customer Service Representative or Other Employee Responsible For This Complaint:

Description & Date of Incident (Please attach any documentation that may support your complaint):

Complainant Signature: Date:

- You may email this completed form and any supporting documentation to [support@coincafe.com](mailto:support@coincafe.com). You may also mail all completed materials to:

Coin Cafe  
240 Kent Avenue  
Brooklyn, NY 11249

- Please consult our Complaint Resolution Policy if you also wish to submit this Complaint to the New York Department of Financial Services.

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<b>COMPLAINT RESOLVED?</b> <b>YES</b> <b>NO</b>
<b>DECISION REGARDING COMPLAINT, RESOLUTION (IF APPLICABLE) AND/OR RECOMMENDATIONS ON EMPLOYEE TRAINING OR DISCIPLINE:</b>
<b>IF COMPLAINT REMAINS UNRESOLVED AND ESCALATION IS REQUIRED, DESCRIBE THE REASON(S) WHY:</b>

<b>COMPLIANCE OFFICER INIT:</b>	<b>DATE COMPLAINANT WAS INFORMED OF DECISION:</b>
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