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## Customer Assistance Form

**Formulario de Asistencia para el Consumidor**  
**(/fdicinformationandsupportcenter/s/fdiccustomerassistanceform?**  
**language=es&lang=esp\_ES)**  
**(En Español)**  
**(/fdicinformationandsupportcenter/s/fdiccustomerassistanceform?**  
**language=es&lang=esp\_ES)**

OMB 3064-0134  
Expiration Date: 11/30/2021

### Privacy Act Statement

The collection of this information is authorized by Section 9 of the Federal Deposit Insurance Act (12 U.S.C. §1819) and Section 202(f) of Title II of the Federal Trade Improvement Act (15 U.S.C. §57a(f)). The FDIC will use this information to respond to your questions and requests for assistance involving activities or practices of FDIC-insured depository institutions. Submitting this information to the FDIC is voluntary. Failure to submit all of the information requested and to complete the form entirely could delay or prevent the response to your request. The information provided by individuals is protected by the Privacy Act, 5 USC §552a. The information may be furnished to the institution which is the subject of the complaint or inquiry; to the Federal or State supervisory authority that has direct supervision over the financial institution; to appropriate Federal, state, local or foreign law enforcement authorities; to a court, administrative tribunal, or a party in litigation; to contractors, agents and other third parties as authorized by law, and in accordance with any of the other routine uses described in the FDIC Consumer Complaint and Inquiry Records (FDIC-30-64-0005) System of Records. A complete copy of this System of Records is available at <https://www.fdic.gov/about/privacy> (<https://www.fdic.gov/about/privacy>). If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at [privacy@fdic.gov](mailto:privacy@fdic.gov). (<mailto:privacy@fdic.gov>)

Privacy Act Statement Updated 09/23/2015

### Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0134), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control number.

Paperwork Reduction Act Statement Updated 09/23/2015

**Please complete this form if you have a question regarding FDIC Deposit Insurance coverage. Once the form has been submitted you will receive the Deposit Insurance Confirmation page indicating that your request has been received.**

#### **Please note that if you have a complaint:**

- We cannot act as a court of law or as a lawyer on your behalf.
- We cannot give you legal or financial advice.
- We cannot become actively involved in complaints that are in litigation or have been litigated.

\* Required Fields

Indicate whether you are a:

☐ Consumer ☐ Banker

**Requester Information:**

Salutation

Mr.

\* Last Name

Dincer

\* First Name

Baris

Title

Middle Name

\* Email

bo.dincer@yahoo.com

\* Confirm E-mail  
Address

bo.dincer@yahoo.com

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Home Phone

6462563609

Business Phone

6462563609

Mobile Phone

\* Mailing Street

111 Rear Sullivan St., Apt

Street Address, line 2

\* Mailing City

New York

\* Mailing  
State/Province

NY

\* Mailing Zip/Postal  
Code

10012

Zip Ext

\* Mailing Country

United States

Best Way to Contact

☐ Phone ☐ Mail ☐ E-Mail

Best Time to Contact

☐ Morning ☐ Afternoon ☐ Evening

Is this request submitted on behalf of you and another individual?

☐ Yes ☐ No

Last Name

First Name

Email

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Home Phone

Business Phone

Mobile Phone

Same address as  
above?

☐ No ☐ Yes

Mailing Street	<input type="text"/>		
Street Address, line 2	<input type="text"/>		
Mailing City	<input type="text"/>	Mailing State/Province	<input type="text" value="--None--"/>
Mailing Zip/Postal Code	<input type="text"/>	Zip Ext	<input type="text"/>
Mailing Country	<input type="text" value="--None--"/>		

### Additional Contact Information:

Do you want us to communicate with another individual on your behalf, such as a family member, attorney, or other person representing you about this complaint?

☐ Yes ☐ No

If you list someone you authorize us to communicate with the listed individual and provide information to that individual as well.

* Representative Last Name	<input type="text" value="Hochul"/>	* First Name	<input type="text" value="Kathy"/>
Relationship	<input type="text" value="Confidant"/>	* Email	<input type="text" value="Governor.hochul@exec.n"/> <small>You have entered an invalid format.</small>

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Home Phone	<input type="text" value="6462563609"/>	Business Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
* Mailing Street	<input type="text" value="146 west 57th street"/>				
Street Address, line 2	<input type="text"/>				
* Mailing City	<input type="text" value="Brooklyn"/>	* Mailing State/Province	<input type="text" value="AK"/>		
* Mailing Zip/Postal Code	<input type="text" value="10019"/>	Zip Ext	<input type="text"/>		
* Mailing Country	<input type="text" value="United States"/>				

Does your request involve a specific financial institution? ☐ Yes ☐ No

Financial Institution	<input type="text" value="JPMorgan Chase Bank, Dearborn"/> <input checked="" type="checkbox"/> Exact Match		
Mailing Street	<input type="text" value="18800 Hubbard Dr,"/>		
Street Address, line 2	<input type="text"/>		
Mailing City	<input type="text" value="DEARBORN"/>	Mailing State/Province	<input type="text" value="MI"/>
Mailing Zip/Postal Code	<input type="text" value="48126"/>	Zip Ext	<input type="text"/>

Mailing Country Code

Institution Phone Number

Type of Accounts

Have you tried to resolve your complaint with your financial institution or company? ☐ Yes ☐ No

\* Resolve: How

\* When

Resolve: Contact Name  Resolve Title

Have you filed a complaint or contacted another government agency? ☐ Yes ☐ No

\* Gov Agency: Agency Name

### Complaint Information:

Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). Do not include personal or confidential information such as your social security, credit card, or bank account numbers. If you need to provide **COPIES** of any supporting documentation such as contracts, monthly statements, receipts or any correspondence with the bank (do not send original documents), you may mail or fax this information to:

FDIC Consumer Response Unit  
1100 Walnut Street, Box #11  
Kansas City, MO 64106  
1-877-ASK-FDIC (1-877-275-3342)  
(Monday - Friday 8:00 am to 6:00 pm EST)

\* **Please describe below the nature of your complaint or inquiry.** Please do not attach documents or cut and paste into this space. You will be contacted if more information is needed.

The plaintiffs in NYSCEF matter 153974/2020 unlawfully collected rent and security deposits from me, notwithstanding their unlawful legal fees- a breach of contract, have not returned the aggregate sums and interest as of current. To my understanding, is larceny. To make matters worse, they used those deposits and represented the same to a publicly traded company and to obtain a loan for \$6,000,000.00 which violates USC Title 18.225, under USC Title 18.21, and have avoided me for the greater of one year while knowing those assets present the implied risks to CIK filer 93715, which is currently held under CIK filer 1516523.

- The leases and rents were transferred to State Farm Life Insurance, which is an outside business and affiliated enterprise of CRD member State Farm VP Management Corp.
- Lastly, I would like to know how to get my money before the Government puts some type of a lien or hold on those monies held at JP Morgan Chase, as filed and represented in their letter which was filed in NYSCEF matter 153974/2020.
- I have been more than patient with this group of attorneys and Directors of Sullivan Properties LP, and have included Miss Kathy Hochul as my confidant to speak to you on my behalf? As indicated above. I did not disclose her address to maintain her privacy.

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

### \* Desired Resolution

What action by the financial institution or company would resolve this matter to your satisfaction?

Please do not attach documents or cut and paste into this space. You will be contacted if more information is needed.

The full balance owed for rents and security, which was unlawfully collected, deposited, and later used to present their assets and creditworthiness to obtain a loan from state farm.

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\* Checking this box authorizes the FDIC to respond to your inquiry

Send

Clear

Print

FDIC 6422/04 (9-12)

For questions regarding this form, email [forms@fdic.gov](mailto:forms@fdic.gov) (mailto:forms@fdic.gov)

Page Updated 12/11/2018