



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 596-3868 • <http://www.dfi.wa.gov/cs>

Escrow Company or Officer Complaint

You can often resolve an issue by contacting the company directly. If you haven't contacted the company about your concerns, please do so before filing a complaint. If you're still not satisfied with the result, please fill out this form to file a complaint.

We will confirm receipt of your complaint. We will also notify you when the complaint is resolved.

Public records disclosure

Your complaint is a public record under the Washington State Public Records Act ([RCW 42.56](#)). Your complaint may be released if someone requests it. **If you provide identifying information in your complaint, your complaint is not anonymous.**

We may release your identifying information (including your name and contact information). You can choose to have your identifying information removed. Please note that this does not stop the release of your information as part of a court case or subpoena.

- Do not release my identifying information in response to a request for public records
 It's OK to release my identifying information in response to a request for public records

Your information

Full name(s): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Residence address (please tell us where you live if it's different than where you get your mail): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email address: _____

How should we send you updates about your complaint?

- Email
- US Mail

Are you on active duty in the armed forces, or a dependent of someone who is?

- Yes
- No

Are you submitting this complaint for someone else?

- Yes
- No

If you are submitting this complaint for someone else, do you have that person's permission to communicate with us about their complaint? *We'll need that person's written, signed permission to communicate with you about the complaint.*

- Yes
- No

If you are not a party to the transaction described in the complaint, what is your involvement?

Do you have an attorney?

- Yes
- No

Would you like us to send correspondence about your complaint to your attorney? *If you choose yes, we will communicate with you through your attorney, rather than with you directly.*

- Yes
- No

Attorney's name: _____

Name of law firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email address:** _____

If you want us to contact your attorney, how should we contact them?

- Email
- US Mail

What happened?

Against whom are you filing a complaint?

Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ - _____ **Email:** _____

Whom did you contact? _____

Lender: _____

Date escrow was opened: _____

Property address: _____

City: _____ **State:** _____ **Zip:** _____

Purpose of escrow: _____

Common problems

Please check all that apply

- Closing delay
- Disbursement problems
- Escrow instructions not followed
- Title transfers incorrect or incomplete
- Contract collections (servicing of a loan)
- Other: _____

What happened? *Please describe what happened. Be as specific as you can.*

Continued from previous page.

Have you tried to resolve your complaint?

- Yes
- No

Date(s) of contact: _____

Method of contact:

- Telephone
- Mail
- In Person
- Other: _____

Whom did you contact? _____

How did you hear about DFI? _____

Declaration

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

Date

Signature