



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>

Consumer Complaint

If you have not already done so, please attempt to contact the company and resolve the problem. In the meantime, please fill out this form and send it, along with any copies of the company's response and any other appropriate documentation, to the Division of Consumer Services. Your complaint will be promptly acknowledged, and we will notify you of the final determination after review.

Public Records Disclosure Act

- Keep information exempt
 Do not keep information exempt

The Washington State Public Records Act (PRA), RCW 42.56, may require disclosure of a complaint after a file is closed. If you choose, you may keep your identifying information exempt from disclosure under the PRA by checking this box. Please note that this exemption does not necessarily restrict the release of your identifying information pursuant to a court order, subpoena, or during litigation.

Your Information

Full Name(s): _____

Mailing Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

Email Address: _____

Preferred Method of Contact: Telephone Email Mail

Are you on active duty in the armed forces or a dependent? Yes No

If you are submitting this complaint on behalf of someone else, you will need to provide a signed authorization from that person and enclose it when returning the completed complaint form.

Against Whom Are You Filing A Complaint?

Company Name: _____

Address: _____

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

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

Specific Contact Name: _____

Escrow Information:

Type of transaction: _____

When did the transaction occur: _____ **Amount of the transaction:** _____

Lender (if applicable): _____

Property Address (if applicable): _____

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

Date Escrow Opened: _____

Describe the Purpose of Escrow:

Complaint Problems and Issues:

Check all that apply

- Closing Delay
- Disbursement Problems
- Escrow Instructions Not Followed
- Title Transfers Incorrect or Incomplete
- Contract Collections
- Other: _____

Complaint/Problem:

Provide a description of the problem

A) What happened?

B) When did the problem(s) occur?

C) Who was involved?

D) Why are you dissatisfied with the company's response?

E) Anything else you want us to know?

Can You Provide Copies of Documents Relevant To Your Complaint? Yes No

If yes, please enclose the copies with your complaint.

Have Your Tried To Resolve Your Complaint? Yes No

Date(s) of contact: _____

Method of contact: Telephone Mail In Person **Other:** _____

Who your contacted:

Name: _____

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

Have You Filed A Complaint Or Contacted Another Government Agency?

Agency Name: _____

Results of that complaint: _____

Is a court action pending for this matter? Yes No

What Do You Think Will Resolve This Problem For You? _____

How did you hear about DFI? _____

Attorney Information:

Please check if applicable

- I have an attorney
- I would like you to work directly with my attorney

Attorney's Name: _____

Name of Law Firm: _____

Attorney/Firm Address: _____

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

Attorney/Firm Telephone: (____) _____ - _____ **Email:** _____

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