



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8700 • TDD 1-800-833-6388 • Web Site: www.dfi.wa.gov

DFI Complaint Form

Fill out the following information to file a complaint with the Washington State Department of Financial Institutions (DFI). You may print, fill out and mail to DFI (see address above) or scan and email to dfi@dfi.wa.gov. The information you provide will help us determine whether the complaint is within our authority. If your complaint is within our authority, it is likely we will ask for additional information to inform our investigation.

☐ *By submitting this complaint, I understand that the DFI cannot answer legal questions or give legal advice to me and cannot act as my personal lawyer.*

What is this complaint about?

- | | |
|--|--|
| <input type="checkbox"/> Investments, Franchises, Securities Brokers, or Investment Advisers | <input type="checkbox"/> Credit Union |
| <input type="checkbox"/> Bank or Trust Company | <input type="checkbox"/> Payday Loan or Check Cashing |
| <input type="checkbox"/> Money Transmission, Money Orders | <input type="checkbox"/> Escrow Company or Officer |
| <input type="checkbox"/> Money Transmission, Virtual/Cryptocurrency | <input type="checkbox"/> Consumer Loan Originate/Service |
| <input type="checkbox"/> Currency Exchange | <input type="checkbox"/> Student Education Loan |
| <input type="checkbox"/> Mortgage: <i>(Please indicate which type of mortgage loan</i> | |
| <input type="checkbox"/> Rental | <input type="checkbox"/> Primary <input type="checkbox"/> Investment |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Primary as collateral <input type="checkbox"/> VA <input type="checkbox"/> Loan Modification) |

For our statistics, please share your age. (Optional) _____

Where did you learn about DFI to file this complaint? _____

What is your preferred language? (Optional) _____

If you need translation or interpreter assistance, please call 877-746-4334.

Armed Forces: Are you a member, former member, or a dependent of the U. S. Armed Forces, Guard, or Reserves? ☐ Yes ☐ No

Are you submitting this information on behalf of someone else? ☐ Yes ☐ No

If you are submitting this complaint on behalf of someone else, we must have a letter indicating that person's written and signed permission to communicate with you about this complaint.

Your Information

Full Name _____

Mailing Address _____

City/State/Zip _____

Phone Number _____

Email Address _____



Complaint Information

Company Complaint is About _____

Have you complained directly to the person or business? ☐ Yes ☐ No

Who did you talk to? _____

Company Address _____

City/State/Zip _____

Company Phone Number _____

Company Email/Website _____

Transaction Date(s) & Amount(s) _____

Have you contacted any other regulator? ☐ Yes ☐ No If yes, who? _____

Do you have any documentation about your complaint? ☐ Yes ☐ No

If yes, please describe: _____

Describe your problem or complaint: *(Please feel free to submit more on a separate page of paper)*

Investments, Securities Brokers or Investment Adviser Complaints Only:

Whistleblower Award and Protection Act

☐ Please select this option if you wish to be considered a whistleblower under the Whistleblower Award and Protection Act, [chapter 21.40 RCW](#). The identity of a whistleblower is protected from public disclosure pursuant to [RCW 42.56.400\(6\)](#). An individual who wishes to make an anonymous whistleblower complaint must be represented by counsel. Individuals that make whistleblower complaints or that report potential securities law violations to their employer are protected from retaliation pursuant to the Act.

Public Records Disclosure

The Washington Public Records Act (PRA), [RCW 42.56](#), may require disclosure of this complaint in response to a public records request. If you choose, you may prevent your identifying information from being shared under the PRA. Please note that this does not necessarily restrict the release of your identifying information pursuant to a court order, subpoena, or during litigation. If you opt to not share your information in a PRA request, DFI may still need to share your complaint – including identifying information – with the business or person in your complaint during any investigation or if we refer your complaint to another agency.

☐ Prevent my identifying information from being shared in a Public Records Act request.

Today's Date (MM/DD/YYYY) _____

