



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: _____

Type of transaction: _____

When did the transaction occur: _____

Student Education Loan (SEL) Information:

Was this transaction related to an SEL? Yes No

If yes, was the transaction related to a modification of your SEL? Yes No

If yes, was the modification by the same company you regularly make payments to?

Yes No

Mortgage Information:

If your complaint involves a mortgage, what is the address of the property?

Property Address: _____

City: _____ State: _____ Zip: _____

Was this property your primary residence at the time the loan was originated? Yes No

Is this property currently your primary residence? Yes No

If This Property Is Not Your Current Primary Residence, Is It:

Check subject property

Investment property

Rental property

Commercial property

Manufactured/mobile property

Did You Pay For Loan Modification Services? Yes No

Total Cost: _____

Amount of any upfront payment: _____

(The amount you paid before accepting a loan modification offer)

Method of payment: Check Credit Card Cash Direct Deposit Money Order

Other: _____

Did you sign a contract: Yes No

Date signed: _____

Was the product of service advertised: Yes No

Date advertised: _____

How was it advertised: Mail Website Phone Other: _____

What services did the company offer to provide:

Interest Rate Reduction

Principal Reduction

Term Extension

Other: _____

Did the company provide a guarantee: Yes No

In what time frame did the company guarantee you this result: _____

Were you satisfied with the result: Yes No

Method of complaint to company or individual: Email Phone In Person None

Other: _____

Did you request a refund: Yes No

Did you receive a loan modification: Yes No

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