

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

Money Transmitter, Currency Exchanger, or Virtual Currency 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 (<u>RCW 42.56</u>). 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 u	us where you live if it's differe	nt 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?

- \Box Yes
- \Box No

Are you submitting this complaint for someone else?

□ Yes

 \Box 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.

 \Box Yes

 \Box No

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

Do	you	have	an	attorney?
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 \Box Yes

 \Box 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.*

 \Box Yes

 \Box 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?					
What did the transaction involve?	If applicable, are you a:				
\Box Wire, money order, or money transfe	r 🗆 Buyer				
□ Virtual currency	□ Seller				
Currency exchange					
When did the transaction occur?					
Amount of transaction:					

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

Continued from previous page.

Can you give us copies of documents and correspondence relevant to your complaint? *If yes, please enclose copies with your complaint.*

□ Yes

🗆 No

Have you tried to resolve the issue?

🗆 Yes

🗆 No

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