

Maria Contreras-Sweet, Secretary
 Business, Transportation and Housing Agency



CONSUMER COMPLAINT FORM

Please make sure you have determined that your complaint is against a licensee regulated by the Department of Financial Institutions. Provide the complete name and address of the financial institution, telephone numbers and names of employees who may have assisted you. Also, include your full name, address, telephone numbers where you can be reached and all account information.

Please note that the Department of Financial Institutions is neither an advocate for the individual consumer or for the licensee. The Department cannot act as your attorney nor does it have the authority to adjudicate complaints. We will send a copy of your complaint to the licensee and request that they assist you in resolving your complaint.

Financial Institution Information

Your Personal Information

Name and Office Address:

Your Name and Address:

Telephone: () _____

Your Telephone: () _____

Contact Person: _____

Account Number: _____

Describe the nature of your problem or complaint below. Please include the account numbers and other information, dollar amounts, important dates and names of employees who have assisted you. (The space below only allows five lines of typed text. If you need more space, please attach a separate page(s).)

Please describe how you would like the matter resolved. (The space below only allows five lines of typed text. If you need more space, please attach a separate page(s).)

Your Signature: _____ Date: _____

Please complete and mail two copies of this form and any documents which may help explain your problem or complaint to the address below. We will forward one copy of the documents to the licensee. Do not send originals.

**Department of Financial Institutions
 Consumer Information Desk
 801 K Street, Suite 2124
 Sacramento, CA 95814**