

Financial Services Complaint Form

Email, mail, or fax this completed complaint form with any attachments (for security reasons, do not attach your personal information or account number to email transmissions) to:

Division of Financial Regulation- 2

PO Box 14480

Salem, OR 97309-0405

Fax number: 503-947-7862

Email: DFR.FinancialServicesHelp@dcbs.oregon.gov

Note:

The Oregon Division of Financial Regulation (DFR) regulates a wide range of financial services and products, and represents the public's interests generally in that regard. DFR does not represent you personally. To protect your legal rights, you may want to consult with a licensed private attorney. Filing a complaint with DFR does not alter, pause, or delay the time period in which you may institute a private legal action.

This form may be subject to Oregon's public records law and may be disclosed to people who request to review its contents.

Your Information

First name:	Middle initial:	Last name:	
Street address:			
City:		State:	ZIP
Home phone:		Work phone:	
Email:			
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email			
What is the best time to contact you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			

Financial institution, company, or individual information that is subject of your complaint

Name of the company or person:		
Street address:		
City:		State: ZIP:
Phone:		
Type of accounts: <input type="checkbox"/> Mortgage <input type="checkbox"/> Bank/credit union <input type="checkbox"/> Investment <input type="checkbox"/> Collection <input type="checkbox"/> Other:		
Have you tried to resolve your complaint directly with this company/person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when?	How? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In person <input type="checkbox"/> Other:	
Contact name:		Title:
Have you filed a complaint or contacted another government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, agency name:		
Have you retained an attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, attorney's name:		

Complaint Information

Describe events in the order they occurred, including any names, phone numbers, and a full description of the problem with the amounts and dates of any transactions. You should also include any response you received from the person or company you are complaining about.

Be as brief and complete as possible to make the explanation clear. Use separate sheets of paper if you need more space.

Please include **copies** of documents related to your complaint such as contracts, monthly statements, receipts and correspondence. *DO NOT SEND ORIGINAL DOCUMENTS.*

** We may need to share information you have provided with the company or person as we attempt to resolve your complaint.

Desired Resolution

What action by the company or person would resolve this matter to your satisfaction?

Privacy Act Statement

Please be advised that this complaint will become part of our permanent records. Consumer complaints may be released to the business or person about whom you are complaining, members of the public or other agencies attempting to establish ongoing patterns of practices which violate Oregon's Unlawful Trade Practices Act. This form is also subject to Oregon's Public Records Law and may be disclosed to persons who request to review its contents.

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Address:
Division of Financial Regulation
350 Winter St. NE
Salem, OR 97301

