

Complaint Form

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

Division of Financial Regulation
PO Box 14480
Salem, OR 97309-0405
Fax number: 503-947-7862
E-mail address: dcbs.dfcsmail@state.or.us

Please 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 wish to consult with a licensed private attorney. Filing a complaint with DFR does not alter or toll the time period within which you may institute a private legal action.

This form may be subject to Oregon's Public Records Law and may be disclosed to persons who request to review its contents.

Your Information

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Other:	Birth year (for statistical purposes):	
First name:	Middle initial:	Last name:	
Street address:			
City:	State:	Zip:	
Home phone:		Work phone:	
E-mail:			
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/>			
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			

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 account(s): Mortgage <input type="checkbox"/> Bank <input type="checkbox"/> Investment <input type="checkbox"/> Collection <input type="checkbox"/>		Other:
Have you tried to resolve your complaint directly with this company/person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, when?	How? 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? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, agency name?		
Have you retained an attorney: Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 amount(s) and date(s) of any transaction(s). 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 sheet(s) 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

Privacy Act Statement if applicable

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

Signature: _____ **Date:** _____