

Department of Consumer and Business Services **Division of Financial Regulation – 2** P.O. Box 14480, Salem, OR 97309-0405 Telephone 888-877-4894 (toll-free), Fax: 503-378-4351 Email: DFR.bankingproducthelp@dcbs.oregon.gov Website: dfr.oregon.gov

Consumer complaint student loan servicer

How do I submit a complaint?

You can submit a complaint in one of three ways:

- 1. File a complaint using this form.
- 2. Download, complete, and email to DFR.bankingproducthelp@dcbs.oregon.gov.
- 3. File a complaint through mail or fax:
 - Mail your completed complaint to P.O. Box 14480 Salem, OR 97309-0405.
 - Fax your completed complaint to 503-378-4351.

Your information

| First name: | | . Middle initial: | Last name: | t name: | | | | | | |
|---|--------------|----------------------------|-------------------------|-------------|----|--|--|--|--|--|
| Mailing address: | | | | | | | | | | |
| City: | | State: | ZIP: | ZIP: | | | | | | |
| Home phone: | ne phone: W | | Cell phone: | Cell phone: | | | | | | |
| Email: | | | | | | | | | | |
| What is the best way to o When is the best time to | 2 | Phone Mail Morning Afte | Email ernoon Evening | | | | | | | |
| How did you hear about Other: | | | Department of Justice | Radio | TV | | | | | |
| Age (for statistical purpo | ses) | | | | | | | | | |
| Younger than 25 2 | 5-34 35-44 | 45-54 55-64 | 4 65+ | | | | | | | |
| Servicer that is the subject of your complaint | | | | | | | | | | |
| Name of servicer: | | | | | | | | | | |
| Street address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| Phone number (format: | XXX-XXX-XXXX |): | | | | | | | | |



| Type of account(s) | : | | | | | |
|---|---------------|---------------|-----------------|----------------|-------------|-------------------------|
| Student loan | | | | | | |
| Have you tried to re If yes, list the most | - | Yes | No | | | |
| Name: | | Date: _ | | | | |
| Have you filed a cc If yes, provide ager | • | ? Yes | No | | | |
| Agency name: | | er: | | | | |
| Have you retained If yes, provide atto | | | ation is pend | ing: | | |
| Attorney's name: _ | | | | | | |
| Litigation pending | Yes | No | | | | |
| Complaint inform | ation | | | | | |
| What college or ur | niversity die | d you attend | ? | | | |
| Did you graduate? | Yes | No | | | | |
| What is your date | of birth and | l/or the last | four digits of | your Social Se | curity num | iber? |
| Are your loans fed | eral, private | e, or both? | Private | Federal | Both U | nknown |
| Do you work for a | nonprofit o | r governme | ntal institutio | n? Yes | No | |
| Submit supporting 503-378-4351. | document | s by email t | o DFR.bankiı | ngproducthelp(| @dcbs.ore | gon.gov or fax to |
| Describe your com | plaint, incl | uding any n | ames, phone | numbers, and | a full desc | ription of the problem. |

Be as brief and complete as possible to make the explanation clear. For security reasons, do not include your personal account information.

** We share information provided with the company or person as we attempt to resolve your complaint. If you do not want certain information shared with them, please indicate that as well.



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, or other agencies attempting to establish ongoing patterns of practices that violate Oregon's Unlawful Trade Practices Act. This form is also subject to Oregon's public records law, and a version with personal identifying information redacted may be disclosed to people who request to review its contents.

