

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.

