Department of Financial Institutions

www.dfi.ca.gov 1-800-622-0620

Consumer Complaint Form

Please fill this form in completely.
Once you submit this form, the Consumer Services Office will contact you shortly.

As an initial step, you should try to address this matter with the institution involved. Please note that the Consumer Services Office:

- **Facilitates communication between consumers and financial institutions, but does not act as an advocate for either party.**
- **We do not have the statutory authority to award damages, overturn fines or other charges, etc.**
- **We are unable to act as a court of law or as a lawyer on your behalf.**
- **We are unable to give you legal advice.**
- **We are unable to become involved in complaints that are in litigation or have been litigated.**
- **We are unable to resolve factual disputes or disagreements over the interpretation of contracts.**

Please be advised that the issues described in this complaint will be shared with the financial institution for their response. If your complaint involves more than one financial institution, you will need to submit a separate complaint form for each institution involved.

Consumer Information							
First Name:		Last Name:					
Address:		City:		State:		Zip Code:	
Primary Phone:	( )		Other Phone:	( )			
Email Address:							
What is the best way to contact you?	Primary Phone: ☐	Other Phone: ☐	Mail: ☐	Email: ☐			
Licensee Information							
Financial Institution Name:							
Have you previously contacted the institution?							
Complaint Information							
Please use the space below to explain your complaint. Describe the events in the order in which they occurred, including any names, and a full description of the problem with the amount(s) and date(s) of any transaction(s). Be as brief and complete as possible. Use separate sheet(s) of paper if you need more space and attach. **DO NOT INCLUDE CONFIDENTIAL INFORMATION SUCH AS YOUR SOCIAL SECURITY, CREDIT CARD, OR ACCOUNT NUMBERS.**							
Please provide a brief statement of what action by your financial institution would resolve this matter to your satisfaction:							

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

Signature: _____ **Date:** _____

Send by email:	Send by mail:	Send by fax:
Consumer@dfi.ca.gov	**Department of Financial Institutions** **Attn: Consumer Services** **1810 13th Street** **Sacramento, CA 95811**	**(916) 445-2123** **Attn: Consumer Services**