



Consumer Complaint Form

Form 801 (11/03)

STOP: Have you determined that your complaint is against a licensee regulated by the Department of Financial Institutions?
Yes No (If no, refer to the Department Licensee List on our website <http://www.dfi.ca.gov/directory/> to verify the institution is regulated by the Department of Financial Institution before proceeding.)

Please note: The Consumer Information Desk is unable to assist consumers with complaints against national banks, federal savings and loan associations or federal savings banks, federal credit unions, or mortgage banker/mortgage brokers. "Information on Who Regulates Your Financial Institution" is available on our website at http://www.dfi.ca.gov/consumer/who_regulates.asp.

Policies
The Department of Financial Institutions is neither an advocate of the individual consumer nor of the licensee. The Department's role as part of this complaint process is to facilitate communication between the consumer and their financial institution. The Department facilitates this communication so that the consumer's concerns are heard by the appropriate official within their financial institution. The Department does not guarantee that this process will result in the outcome for which the consumer seeks. Those complaints that reach an impasse may require the consumer to obtain their own private legal counsel.

Procedures
Once your complaint is received, a copy of the complaint will be forwarded to the Consumer Complaints Administrator of your financial institution. The department asks that the financial institution respond to you within 20 working days (4 weeks) from the date your correspondence is forwarded to the financial institution. The institution is requested to respond to both you and the Department of Financial Institutions.

Instructions
By submitting this form you agree that you have read the Notice of Individuals which accompanies this form and can be found at our webpage at http://www.dfi.ca.gov/forms/.

Please follow one of the methods for delivering your complaint as explained below. Please **do not send** any additional documentation, send only the complaint form. If additional information is required by the financial institution to resolve your complaint, they will contact you directly.

Submit Electronically	Print and Submit via mail or fax
1. Fill out the complaint form in its entirety. (Omission of information may delay the response to your complaint.)	1. Open the link and print the form.
2. Save the form to your hard drive in a familiar location. Name the file something familiar like "DFI Complaint Form."	2. Fill out the complaint form in its entirety. (Omission of information may delay response to your complaint.) Make a copy for your records. Send only the complaint form. If other documents are required, your financial institution will request them.
3. Open your email account and click new email.	3. If filing by fax dial (916) 445-7643
4. In the To: line of the new email, type consumer.complaint@dfi.ca.gov	4. If filing by mail send to: Department of Financial Institutions Consumer Services Desk 1810 13th Street Sacramento, CA 95814
5. On the menu bar select insert file. Select the file you named earlier.	5. Within the next 5-10 business days you will receive a confirmation letter indicating that DFI has received your complaint.
6. Send the email.	
7. You will immediately receive a confirmation email indicating that the DFI has received your complaint.	

If you do not receive a response from your financial institution within 20 business days (4 weeks) please email us at consumer.complaint@dfi.ca.gov or if you are submitting your complaint via mail or fax call 1(800) 622-0620.

Consumer Information							
First Name:				Last Name:			
Address:				City:		State:	Zip:
Daytime Phone:	()		Alternate Phone:	()		Fax:	()
Email address:							
What is the best way to contact you?		Day Phone <input type="checkbox"/>	Alternate phone <input type="checkbox"/>	Mail <input type="checkbox"/>	Email <input type="checkbox"/>		

Licensee Information							
Institution name:							
Address:				City:		State:	Zip:
Person(s) you dealt with:							
Date of transaction:							
Complaint type:		Check Cashing <input type="checkbox"/>	Consumer Fraud / Identity Theft <input type="checkbox"/>	Account charges <input type="checkbox"/>			
Mortgage Loans <input type="checkbox"/>	Automobile Loans <input type="checkbox"/>	General Checking / Savings account issues <input type="checkbox"/>				Other:	

The following questions will assist in processing your complaint:							
1. Do you have an account with the financial institution?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
If yes, what type of account?		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Loan Account <input type="checkbox"/>	Other <input type="checkbox"/>		
Name in which account is listed:							
2. Have you already attempted to resolve your complaint with the financial institution?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
If no:	Please contact your financial institution and attempt to resolve your complaint before sending this form.						
If yes:	When?	Date:					
How?	Phone: <input type="checkbox"/>	In person: <input type="checkbox"/>	Mail: <input type="checkbox"/>	Other: <input type="checkbox"/>			
Did they respond to you?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Name of person that responded to you.		First		Last			
Address:				City:		State:	Zip:
Contact telephone number		()					
Contact email address							
3. Have you filed a complaint with another agency?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
If Yes, who?							
4. Do you have a private attorney representing you in this matter?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
If yes, we can not submit your complaint. Complaints submitted by legal representation or that are in litigation are outside the scope of the Department's complaint process.							

Please provide brief statement of information that may help your Financial Institution resolve your complaint.

Please indicate what you feel would be a reasonable resolution to your complaint.
