



State of Utah  
Department of Financial Institutions

# UTAH

## CONSUMER COMPLAINT FORM

Please fill in this form completely, including your signature at the end of the form. The Department of Financial Institutions (DFI) will only act on complaints that are signed by the complainant(s), legal guardian, attorney of complainant(s) along with their client's authorization, or holder of power of attorney. DFI's jurisdiction extends to Utah chartered depository institutions, consumer lenders, mortgage servicers, limited mortgage lenders, Utah payday lenders, and Utah title loan lenders. If your complaint relates to an entity not under our jurisdiction, we will forward your complaint on to the appropriate regulator and notify you of that referral.

Include copies of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the institution.

Mail or fax this completed complaint form with any attachments to:

Utah Department of Financial Institutions  
PO Box 146800  
Salt Lake City, UT 84114-6800  
FAX (801) 538-8894

- Complaint Type:  Depository  
 Consumer Lender  
 Mortgage Company  
 Payday or Title Lender

In filling out this form, print or type clearly so the information can be easily read and understood.

### Customer Information:

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>				
Name:				
First		Middle		Last
Address:				
Street		City	State	Zip
Daytime Phone:	( ) -	Ext:	Fax:	( ) -
Email:				

# CONSUMER COMPLAINT FORM (Page 2)

## Institution Information (Who you are filing a complaint against):

Name of Institution:					
Address:					
Street		City		State	Zip
Type of Account:			Account #:		
Have you tried to resolve your complaint with the Institution?			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 <input type="checkbox"/>

If you have an attorney or other representative you want us to deal with directly, please provide your representative's information below. Your signature on this form authorizes your institution and our office to release information to your representative.

Name of Representative:					
Title:					
Address:					
Street		City		State	Zip
Daytime Phone:	( ) -	Ext:	Fax:	( ) -	

**Please print or type your complaint. Describe events in the order in which 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 from the institution. Be brief but as complete as necessary to make the explanation clear. Use separate sheet(s) of 8.5" x 11" paper if you need more space.**

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State your desired resolution:

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

<b>Signature:</b>		<b>Date:</b>	
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We will mail you a written acknowledgment within seven (7) business days of receipt of your completed complaint form. If you have any questions regarding this case, please call 1-801-538-8834.