

OFFICE OF THE COMMISSIONER OF FINANCIAL REGULATION

CONSUMER SERVICES UNIT



CONSUMER COMPLAINT FORM

The Commissioner of Financial Regulation (“Commissioner”) is responsible for supervising Maryland State-chartered banks, credit unions, and non-deposit trust companies (collectively “Institutions”) and for supervising entities providing the following financial services to Maryland consumers, including, consumer and installment lenders (including “payday” lenders), sales finance companies, mortgage brokers, lenders, servicers, and loan originators, check cashing services, money transmitters, debt management businesses, credit reporting agencies, credit services businesses (collectively “Licensees”). The State Collection Agency Licensing Board is responsible for supervising collection agencies (“Board Licensees”).

Before you begin:

If your complaint involves one of the above listed entities, it is recommended that you contact the entity(s) to resolve the matter prior to submitting a complaint. When contacting the entity, please make every effort to ensure contact that the person with whom you communicate is authorized to resolve your dispute.

If you are unable to resolve the complaint directly with the entity, the second step is to determine if the financial entity is supervised by the Commissioner (see our [licensing search pages](#)).

NOTE: If you believe that the party who is the subject of your complaint should be licensed by the Commissioner, and is not licensed, you should file a complaint.

Instructions:

This is a fillable PDF form which means you may complete and sign this form electronically. If you decide to complete the form manually, please print the form, print your information clearly and sign your name. Use black or blue ink, only.

This is **NOT** an online form; you must submit your complaint by one of the means listed below. Please enclose copies (**NOT ORIGINALS**) of documents (contracts, account statements, letters, bills, receipts, checks, etc.) that relate to your complaint, and be sure to sign (electronically or manually) and date your complaint.

Deliver your completed complaint form and relating documents by one of the following methods:

BY E-MAIL: Please send as attachments to DLFRComplaints-DLLR@maryland.gov

BY MAIL:

Commissioner of Financial Regulation
500 North Calvert Street, Suite 402
Baltimore, Maryland 21202
Attention: Consumer Services Unit

IN-PERSON: You can also walk in to the Commissioner's office at 500 North Calvert Street, Baltimore, MD, 21202 Suite 402 (**Note:** walk-in Hours are: 9:00 am - 4:00 pm)

BY FACSIMILE (FAX): at the following fax number 410-333-3866 (**Note:** please mark your fax to the attention of the Consumer Services Unit)

Note: Your complaint will be assigned to an Examiner who will handle your complaint and who will reach out to you shortly after being assigned your complaint.

Be advised any information that you provide may be forwarded to an Institution, Licensee, Board Licensee, or any other individual against whom you have complained.

Should you have any questions regarding the Commissioner's complaint resolution process or a complaint you have filed with the Commissioner, do not hesitate to contact the Consumer Services Unit at (410) 230-6077 or Toll Free at (888) 784-0136 or visit the Commissioner's webpage at <http://www.dllr.maryland.gov/finance/>.

Before you submit or mail your complaint:

- Proof read the information you have provided and make any necessary corrections.
- Enclose copies (**NOT ORIGINALS**) of documents that relate to your complaint.
- Please make sure to sign and date the form.
- Finally, before sending make a complete copy of all information submitted by you.

CONSUMER INFORMATION

Your Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home #: _____ Cell #: _____
Street Address:	Work #: _____ Fax #: _____
City/Town/State:	Zip Code: _____
E-mail Address: _____	
Account Number(s) involved in this complaint: _____	
<p>Demographic Information: The Office of the Commissioner of Financial Regulation complies with all applicable federal and State laws regarding discrimination. The Commissioner does not base findings concerning complaints on a person's age, ancestry, color, gender identity and expression, marital status, race, or any other protected status. However, in an effort to ascertain trends regarding complaint data, we ask that you voluntarily provide the following demographic information.</p> <p>What category best describes you?</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic, Latino or Spanish origin</p> <p><input type="checkbox"/> Middle Eastern or North African</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White or Caucasian</p> <p><input type="checkbox"/> Other race, ethnicity or origin</p> <p><input type="checkbox"/> Decline to answer</p> <p>Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other gender <input type="checkbox"/> Decline to Answer</p> <p>Age: <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> Over 65 <input type="checkbox"/> Decline to Answer</p> <p>Veteran/ Military Status:</p> <p>Are you eligible to declare veteran or military status? <input type="checkbox"/> Yes No</p> <p>If yes which best describes your status? Veteran Active Duty or Reserve</p> <p>Active Duty or Reserve/ deployed</p>	

CONSUMER ATTORNEY OR REPRESENTATIVE AGENT

Do you have an attorney or representative agent assisting you with this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, do you authorize the release of information to the below listed individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Representative Name:	Work #: _____
Representative Street Address:	Cell #: _____
	Fax #: _____
Representative City/Town/State:	Zip Code: _____
Representative E-mail Address: _____	

WHAT IS YOUR COMPLAINT ABOUT?

(Check all that apply)

<input type="checkbox"/> ATM or Money Wiring Services	<input type="checkbox"/> Debt Settlement Services	<input type="checkbox"/> Mortgage Modification
<input type="checkbox"/> Auto or Car Title Loan	<input type="checkbox"/> Dispute of Credit Information	<input type="checkbox"/> Mortgage Refinance
<input type="checkbox"/> Auto Repossession	<input type="checkbox"/> Dispute Debt Owed	<input type="checkbox"/> Mortgage Servicer
<input type="checkbox"/> Bank or Credit Union	<input type="checkbox"/> Foreclosure Related	<input type="checkbox"/> Personal Property Repossession
<input type="checkbox"/> Check Casher	<input type="checkbox"/> Foreclosure Prevention Services	<input type="checkbox"/> Property Management or HOA Fees
<input type="checkbox"/> Consumer Loan	<input type="checkbox"/> Identity Theft	<input type="checkbox"/> Reverse Mortgage
<input type="checkbox"/> Credit Denial	<input type="checkbox"/> Land Installment Loan	<input type="checkbox"/> Short Sale or Deed in Lieu
<input type="checkbox"/> Credit Reporting Agency	<input type="checkbox"/> Lending or Credit Fraud	<input type="checkbox"/> Student Loan
<input type="checkbox"/> Debt Collection - General	<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Questionable Fee Charges
<input type="checkbox"/> Debt Collection Harassment	<input type="checkbox"/> Mortgage Fraud	<input type="checkbox"/> Unauthorized Charges
<input type="checkbox"/> Debt Management Services	<input type="checkbox"/> Mortgage Loan	<input type="checkbox"/> Virtual or Cryptocurrency
		<input type="checkbox"/> Other: _____

THE NAME OF THE PERSON OR ENTITY THAT I AM COMPLAINING ABOUT:

(If more than one, use separate Complaint Form for each complainant)

Name:	Work #: _____
Street Address:	Cell #: _____
	Fax #: _____
City/Town/State:	Zip Code: _____
E-mail Address: _____	

Complaint Narrative:

Did you contact the person or entity about your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted:	Date Contacted:
Did they respond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Response:
If so, nature of response:	

Is Court Action Pending on this complaint? Yes No

Proposed Resolution – what would be an acceptable resolution to your complaint:

Check here if you are filing this complaint for informational purposes ONLY.
(By checking this box the office will not reach out to the person or entity you are complaining about)

****Please read carefully, before signing and submitting your complaint. ****

By signing this complaint, I certify that all the information supplied in this complaint form is true and accurate to the best of my knowledge. I also authorize the Office of the Commissioner of Financial Regulation to speak on my behalf regarding my loan or account with the person(s) or entity(ies) listed in this complaint (unless this complaint is filed for information purposes only). I further have no objection to the contents of this complaint being forwarded to the person(s) or entity(ies) listed in this complaint. Further, in filing this complaint, I understand that the Commissioner of Financial Regulation can neither guarantee any certain resolution to this complaint nor provide me with legal advice. Should I have questions concerning my legal rights and responsibilities, I will contact an appropriate legal services provider.

Signature:

Date: