

# FINANCIAL REGULATION CONSUMER COMPLAINT FORM

The Commissioner of Financial Regulation (“Commissioner”) is responsible for supervising Maryland State-chartered banks, credit unions, and non-depository 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 and 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(ies) to resolve the matter prior to submitting a complaint. When contacting the entity, please make every effort to ensure 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 [regulated financial service providers search page](#)).

**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. Please use ink and do not use a pencil to fill out your form.

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, along with attachments to [CSU.Complaints@maryland.gov](mailto:CSU.Complaints@maryland.gov).

**BY MAIL:** Office of Financial Regulation  
100 S. Charles Street, Tower 1, Suite 5300  
Baltimore, Maryland 21201  
Attention: Consumer Services Unit

**IN-PERSON:** Appointments are available to hand-deliver documents or for virtual meetings with Financial Regulation staff. To schedule an appointment online, please visit the Office’s [online scheduling system](#).

**BY FAX:** Use the following fax number 410-333-3866 (Please mark your fax to the attention of the Consumer Services Unit).

Your complaint will be assigned to an Examiner who will handle your complaint and who will reach out to you shortly after being assigned to your complaint. Be advised any information that you provide may be forwarded to an Institution, Licensee, Board Licensee, or any other individual listed in your complaint.

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: [www.labor.maryland.gov/finance](http://www.labor.maryland.gov/finance).



## Financial Regulation Consumer Complaint Form

### Demographic Information

The Office 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. Demographic information will not be shared with the person or entity who is the subject of your complaint.

Your Name  Mr.  Ms.

### What category best describes you?

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic, Latino or Spanish origin        |
| <input type="checkbox"/> Middle Eastern or North African  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White or Caucasian               | <input type="checkbox"/> Other race, ethnicity or origin           |
| <input type="checkbox"/> Decline to answer                |  |

### Gender Identity

- Female  Male  Other gender  Decline to Answer

### Age (years)

- 18-25  26-35  36-45  46-55  56-65  Over 65  Decline to Answer

### Veteran/ Military Status

Are you eligible to declare veteran or military status?  Yes  No

If yes which best describes your status?

- Veteran  Active Duty or Reserve  Active Duty or Reserve/Deployed



## Financial Regulation Consumer Complaint Form

**Before you submit or mail your complaint:**

Proofread the information you have provided and make sure it is correct.

Enclose copies (**NOT ORIGINALS**) of documents that relate to your complaint.

Please make sure to sign and date the form.

### Consumer Information

Your Name  Mr.  Ms. Email

Home Phone #  Cell Phone #  Work Phone #  Fax #

Street Address  City  State  Zip

Account Number(s) involved in this complaint:

### Consumer Attorney or Representative Agent Information

Do you have an attorney or representative agent assisting you with this complaint?  Yes  No

If so, do you authorize the release of information to the below listed individual?  Yes  No

Representative Name  Mr.  Ms. Representative Email

Representative Work Phone #  Representative Cell Phone #  Representative Fax #

Representative Street Address  Representative City  State  Representative Zip

**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 Cashier	<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"/> Questionable Fee Charges
<input type="checkbox"/> Debt Collection - General	<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Unauthorized Charges
<input type="checkbox"/> Debt Collection Harassment	<input type="checkbox"/> Mortgage Fraud	<input type="checkbox"/> Virtual or Cryptocurrency
<input type="checkbox"/> Debt Management Services	<input type="checkbox"/> Mortgage Loan	<input type="checkbox"/> Other (describe in field below)

**Name of the person or entity that you are complaining about** (If more than one, use separate Complaint Form for each complainant)

**Name**

**Email**

**Work Phone #**

**Cell Phone #**

**Fax #**

**Street Address**

**City**

**State**

**Zip**

Did you contact the person or entity about your complaint?

Yes

No

Did they respond?

Yes

No

**Name**

**Date Contacted**

**Date of Response**

**If so, nature of response: (Up to 1,040 characters with spaces. Attach additional pages or documentation if necessary)**

**Describe Your Complaint: (Up to 3,500 characters with spaces. Attach additional pages or documentation if necessary)**

Is Court Action pending on this complaint?  Yes  No

**Proposed Resolution (Up to 1,500 characters with spaces.) - 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 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**