

# FINANCIAL REGULATION

## STUDENT LOAN COMPLAINT FORM

The Commissioner of Financial Regulation (“Commissioner”) is responsible for supervising certain financial service providers in Maryland. Under Maryland law, the Student Loan Ombudsman (“Ombudsman”), in the Office of Financial Regulation, is required to: receive and review complaints from student loan borrowers; attempt to resolve complaints by collaborating with higher education institutions, student loan servicers, and others, as specified; and help student loan borrowers understand their rights and responsibilities.

### Before you begin:

If you have a complaint about your student loan servicer, it is recommended that you contact your servicer to attempt to resolve the issue prior to submitting a complaint. When contacting your servicer, it is important to make every effort to ensure that the person with whom you communicate is authorized to resolve your dispute.

Filing a complaint with the Ombudsman gives the Commissioner insights into issues related to student loan servicing in the State and help us to prioritize issues.

### 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 [studentloan.ombudsman@maryland.gov](mailto:studentloan.ombudsman@maryland.gov).

**BY MAIL:** Office of Financial Regulation  
100 S. Charles Street, Tower 1, Suite 5300  
Baltimore, Maryland 21201  
Attention: Student Loan Ombudsman

**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 -SLO).

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 Ombudsman's complaint resolution process or a complaint you have filed with the Ombudsman, do not hesitate to contact the Consumer Services Unit at 410-230-6077 or Toll Free at 888-784-0136 or via email at: [studentloan.ombudsman@maryland.gov](mailto:studentloan.ombudsman@maryland.gov).

## Financial Regulation Student Loan 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 Student Loan 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

**Is your loan: (check all that apply)**

- ☐ Federal student loan (loans from the U.S. Department of Education: Direct Subsidized and Unsubsidized; Direct PLUS for Parents or Graduate Students; Direct Consolidation.)
- ☐ Private student loan (loans from a private lender: local, regional, or national bank or credit union; online lender)

**What is your complaint about? (check all that apply)**

- ☐ Difficulty with loan servicer (e.g. misapplied payment, errors in crediting principal and interest payments, inaccurate interest rate calculations, billing errors related to servicer changes, and/or loan consolidations, loans that have been transferred)
- ☐ Difficulty communicating with the loan servicer (e.g. trouble reaching the servicer, the servicer failing to communicate with you)
- ☐ Inappropriate collection activity or tactics by the loan servicer
- ☐ Issues with your credit report (e.g. incorrect information, fraud or identity theft)

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

**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: (Attach additional pages or documentation if necessary)**

**Describe Your Complaint:** (Attach additional pages or documentation if necessary)

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 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**