

STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 ● Olympia, Washington 98504-1200
Telephone (360) 902-8703 ● TDD (360) 664-8126 ● FAX (360) 596-3868 ● http://www.dfi.wa.gov/cs

Payday Loan Complaint

You can often resolve an issue by contacting the company directly. If you haven't contacted the company about your concerns, please do so before filing a complaint. If you're still not satisfied with the result, please fill out this form to file a complaint.

We will confirm receipt of your complaint. We will also notify you when the complaint is resolved.

Public records disclosure

Your complaint is a public record under the Washington State Public Records Act (<u>RCW 42.56</u>). Your complaint may be released if someone requests it. **If you provide identifying information in your complaint, your complaint is not anonymous.**

We may release your identifying information (including your name and contact information). You can choose to have your identifying information removed. Please note that this does not stop the release of your information as part of a court case or subpoena.

-	ing information in response to a requesifying information in response to a requ	·
Your information		
Full name(s):		
	State:	
Residence address (please	e tell us where you live if it's different	t than where you get your
mail):		
City:	State:	Zip:
Tolonhono:	Email address:	

How should we send you u ☐ Email	pdates about your complaint?	
☐ US Mail		
Are you on active duty in th ☐ Yes	ne armed forces, or a dependent o	f someone who is?
□ No		
Are you submitting this co	mplaint for someone else?	
□ Yes		
□ No		
permission to communicat	omplaint for someone else, do you e with us about their complaint? nicate with you about the complaint.	<u>•</u>
□ Yes		
□ No		
If you are not a party to the involvement?	transaction described in the com	plaint, what is your
Do you have an attorney?		
☐ Yes		
□ No		
	correspondence about your comp icate with you through your attorney,	
☐ Yes		
□ No		
Attorney's name:		
Name of law firm:		
	State:	
Telephone:	Email Address:	

If you want us to contact your attorney, how s ☐ Email ☐ US Mail	should we contact them?
Who was involved? Against whom are you filing a complaint?	
Company name:	
Address:	
City: State:	Zip:
Company telephone numbers:	
Company email:	Company website:
Whom did you contact?	
Did you apply for the loan online? ☐ Yes ☐ No	
What happened? Tell us what happened. Please be as detailed a	as you can.

Continued from previous page.	
Amount of loan before fees:	
Was the loan over \$700? □ Yes □ No	
Can you give us copies of documents or corres yes, please enclose copies with your complaint. ☐ Yes ☐ No	spondence relevant to your complaint? <i>If</i>
Have you filed a complaint with another govern ☐ Yes ☐ No	nment agency?
How did you hear about DFI?	
Declaration	
By signing my name below, I declare, under penalt Washington that the information contained in this conformation may be used to further investigate the	complaint is true and accurate and the
Date	Signature