



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>

## Consumer Complaint

If you have not already done so, please attempt to contact the company and resolve the problem. In the meantime, please fill out this form and send it, along with any copies of the company's response and any other appropriate documentation, to the Division of Consumer Services. Your complaint will be promptly acknowledged, and we will notify you of the final determination after review.

## Public Records Disclosure Act

- Keep information exempt  
 Do not keep information exempt

The Washington State Public Records Act (PRA), RCW 42.56, may require disclosure of a complaint after a file is closed. If you choose, you may keep your identifying information exempt from disclosure under the PRA by checking this box. Please note that this exemption does not necessarily restrict the release of your identifying information pursuant to a court order, subpoena, or during litigation.

## Your Information

Full Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact:  Telephone  Email  Mail

Are you on active duty in the armed forces or a dependent?  Yes  No

If you are submitting this complaint on behalf of someone else, you will need to provide a signed authorization from that person and enclose it when returning the completed complaint form.

## Against Whom Are You Filing A Complaint?

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Specific Contact Name: \_\_\_\_\_

### Type of Transaction:

- Wire/Money Transfer
- Virtual Currency
- Currency Exchange

### Check one if applicable:

- I am a Buyer
- I am a Seller

When did the transaction occur: \_\_\_\_\_

If multiple dates, provide first date and clarify additional dates under Complaint/Problem section

Amount of the transaction: \_\_\_\_\_

### Complaint/Problem:

Provide a description of the problem

A) What happened?

B) When did the problem(s) occur?

C) Who was involved?

D) Why are you dissatisfied with the company's response?

E) Anything else you want us to know?

**Can You Provide Copies of Documents Relevant To Your Complaint?**  Yes  No  
If yes, please enclose the copies with your complaint.

**Have You Tried To Resolve Your Complaint?**  Yes  No

Date(s) of contact: \_\_\_\_\_

Method of contact:  Telephone  Mail  In Person Other: \_\_\_\_\_

Who your contacted:

Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Have You Filed A Complaint Or Contacted Another Government Agency?**

Agency Name: \_\_\_\_\_

Results of that complaint: \_\_\_\_\_

\_\_\_\_\_

Is a court action pending for this matter?  Yes  No

**What Do You Think Will Resolve This Problem For You?**

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about DFI?**

\_\_\_\_\_

**Attorney Information:**

Please check if applicable

- I have an attorney
- I would like you to work directly with my attorney

Attorney's Name: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Attorney/Firm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attorney/Firm Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Declaration:**

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature