CONSUMER COMPLAINT

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS

SFN 50702 (8-2021)

Please fill in this form completely, including your signature at the end of the form. The Department of Financial Institutions (DFI) will only act on complaints that are signed by the complainant(s), legal guardian, attorney of complainant(s) along with their client's authorization, or holder of power of attorney. DFI's jurisdiction extends to North Dakota chartered depository institutions, consumer finance companies, money brokers, money transmitters, North Dakota deferred presentment service provider (payday lenders), and collection agencies. If your complaint relates to an entity not under our jurisdiction, we will forward your complaint on to the appropriate regulator and notify you of that referral.

Mail, fax or email this completed complaint form with any attachments to:

North Dakota Department of Financial Institutions
1200 MEMORIAL HWY
BISMARCK, ND 58504
Fax: 701-328-0290 / Email: DFI@ND.GOV

Please Note: We cannot act as a court of law or as a lawyer on your behalf
We cannot give you legal advice
We cannot become involved in complaints that are in litigation or have been litigated

Complaint Type (Check One)
☐ Bank/Credit Union ☐ Collection Agency ☐ Consumer Finance Company
☐ Deferred Presentment Service Provider (Payday Lender)
☐ Money Broker ☐ Money Transmitter

Customer Information

Salutation ☐ Mr ☐ Mrs ☐ Ms	Other	Home Telephone Number	Work Telephone Number
Name (First , Middle Initial , Last)			
Address	City	State	Zip Code
Email Address			
What is the best way to contact you? ☐ Home Telephone ☐ Work Telephone ☐ Mail ☐ Email			
What is the best time to contact you? ☐ Morning ☐ Afternoon ☐ Evening			

Information about the institution you are filing the complaint against

Name of Financial Institution or Company			Telephone Number
Street Address	City	State	Zip Code
Type of account(s) ☐ Checking ☐ Credit Card ☐ Mortgage ☐ Other			
Have you tried to resolve your complaint with your financial institution or company? ☐ Yes ☐ No			
If yes, when?	How? ☐ Telephone ☐ Mail ☐ In Person		
Contact Name	Contact Title		
Have you filed a complaint or contacted another government agency? ☐ Yes ☐ No			
If yes, Agency Name			

If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, then please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information that is about you to that person.

Name of Representative			
Relationship		Telephone Number	
Address	City	State	Zip Code

Please type or print your complaint. Describe events in the order in which they occurred, including any names, telephone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the financial institution or company.
Be as brief but as complete as necessary to make the explanation clear. Use separate sheet(s) of paper if you need more space.
Please include COPIES of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the institution. **DO NOT SEND ORIGINAL DOCUMENTS.**

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

What action by the financial institution or company would resolve this matter to your satisfaction?

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature	Date