

Illinois Department of Financial and Professional Regulation

Division of Banking and Division of Financial Institutions

Consumer Complaint Form

COMPANY TYPE (Please check one):

- | | |
|--|---|
| <input type="checkbox"/> ATM
<input type="checkbox"/> Collections Agency
<input type="checkbox"/> Company that offers to help you with your debt
<input type="checkbox"/> Credit Union
<input type="checkbox"/> Currency Exchange
<input type="checkbox"/> Digital Assets Business
<input type="checkbox"/> Money Lender | <input type="checkbox"/> Money Transmitter
<input type="checkbox"/> Mortgage Company
<input type="checkbox"/> Mortgage Loan Originator or Loan Officer
<input type="checkbox"/> Pawnbroker
<input type="checkbox"/> State Bank
<input type="checkbox"/> Student Loan Servicer
<input type="checkbox"/> Title Insurance Company or Agent
<input type="checkbox"/> Trust Company |
|--|---|

1. Please print clearly in dark ink.
2. Disclosure of this information is voluntary. However, failure to supply complete information may result in this complaint not being processed. For your protection, please do not include sensitive personal information like your financial account number or health information in your complaint or supporting documents.
3. Please attach copies of important papers concerning your complaint. Use a separate sheet of paper if more space is needed. Do not send originals.
4. Illinois Department of Financial and Professional Regulation (IDFPR) may use the information provided to investigate your complaint. Unless you specifically opt out, below, IDFPR may attempt to mediate your complaint with the entity or person you complain of. However, IDFPR does not have the power to adjudicate private disputes.
5. **IDFPR cannot act on your behalf in a court of law or as a lawyer or give legal advice. You may always consult with a private attorney regarding your complaint.**

I. Your information (or the individual's information on whose behalf you are submitting a complaint)

Name	Daytime Telephone Number	
Address	Evening Phone (Optional)	Email Address
City/Town	State	ZIP Code

II. Authorized representative filing on behalf of another individual (if applicable)

Contact's Name	Contact Phone No.		
Contact's Address	City/Town	State	ZIP Code

By submitting this form, I certify that the individual identified in Part I has authorized me to submit this complaint for them. Companies generally require signed, written permission from the consumer before providing a response to third party complaints. If you want to attach a signed, written authorization from the Complainant, please feel free to do so.

III. Please provide the following for the professional or company your complaint is against

Company or Professional's Name	Business/Professional Category (bank, mortgage company, lender, debt collector, broker, originator, etc.)	Company or Professional's Telephone Number
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Company Address		
City/Town	State	ZIP code
How much money have you lost as a result of the issues described here?	Date of Occurrence	
Briefly describe your complaint:		
Briefly describe your desired resolution:		

In filing this complaint, I understand that IDFPR is not my attorney. I also understand that if I have questions concerning my legal rights or responsibilities, I should contact an attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against, unless the box below is checked.

Information about your complaint or inquiry (including your personally identifiable information (PII), like your financial account information) may be shared: with the entity that is the subject of your complaint; with third parties to get information relevant to your complaint with federal or other state agencies or regulatory authorities for enforcement and statutory purposes; and as otherwise permitted or required by law.

By filing this document, I hereby consent to the entity that is the subject of my complaint communicating with IDFPR, including disclosure of non-public personal information, about any and all matters connected with this complaint.

I certify that the information provided is true and correct to the best of my knowledge. If I am not the individual identified in Part I above, I also certify that I am authorized to submit this document on behalf of that identified individual.

Signature _____ Date: _____

Please check this box if you do not want this complaint sent to the business involved.

** To mail complaint, please mail to:

IL Dept. of Financial and Professional
ATTN: Consumer Services/Banking / Div. of Financial Institutions
555 West Monroe Street, 5th Floor
Chicago, IL 60661

*Email complaint to: **FPR.DOBComplaint@illinois.gov** Complaint inquiries: **(217) 785-2900***

If you have a disability under the Americans with Disabilities Act and need assistance submitting this complaint form, please contact IDFPR's ADA Coordinator, George Cotton, by emailing him at FPR.EEO@illinois.gov or by calling IDFPR's Chicago Office at 312-814-4500 or its TTY/TDD line at 866-325-4949 and asking to speak with Mr. Cotton.

**** You will receive an acknowledgment letter in the mail or by email****