



Consumer Complaint Form

The Ohio Division of Financial Institutions, Office of Consumer Affairs welcomes written complaints, together with supporting documentation, that involve companies regulated by this office. Written complaints may lead to a resolution of problems when consumers have been unsuccessful on their own. While the Division will make every effort to help address consumer complaints, please understand that filing a complaint does not guarantee the matter can or will be resolved through the enforcement authority of the Division.

The Division does not have authority over all companies or issues. If the company or issue does not fall under the Division's jurisdiction, the complaint may be referred to the appropriate regulatory agency or rejected with an explanation.

Instructions:

This is a fillable PDF form however; the form may also be completed manually. Please write clearly, sign your name and print or type in black or blue ink. This is not an online form therefore; you must submit the complaint form using one of the methods listed below. Please Include all important documents (**COPIES ONLY**) that support your complaint.

 By mail: Office of Consumer Affairs 77 S. High St., 21 st Floor Columbus, OH 43215	 By email: Webdfi-oca@com.state.oh.us	 By fax: (614) 220-7124
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Your Information:	
Name: _____	
Address: _____	
City/State/Zip: _____	
Contact Number: _____	Email: _____

Company and/or Person(s) Complaint is Against:
Company Name: _____
Loan Officer (if applicable): _____
Address: _____
City/State/Zip: _____

Additional Information

Have you tried to resolve your problem directly with the company? ☐ Yes ☐ No

Name and title of person contacted _____ Date of contact _____

Results _____

Other government agencies contacted (if applicable): _____

Did you sign any documents? ☐ Yes ☐ No

Have you contacted an attorney? (if yes, complete below) ☐ Yes ☐ No Date of contact _____

(Please note: The Division cannot become actively involved in complaints that are in litigation or have been resolved by the court system.)

Name: _____

Address: _____

City/State/Zip: _____

Explanation of Complaint: (Please be specific and include names, dates, times, etc. Additional space is provided on the next page.)

Desired Resolution:

By signing, I certify that to the best of my knowledge, all information supplied by me is true. I understand that a copy of this complaint will be forwarded to the company. I recognize that the Division of Financial Institutions will serve only as a facilitator to informally mediate this matter and cannot act on my behalf in a legal manner.

Signature: _____ **Date:** _____

If you have any questions, please feel free to contact the Division's Office of Consumer Affairs at webdfi-oca@com.state.oh.us or (866) 278-0003.