



Division of Banking

BRENT E. ADAMS
Secretary

MANUEL FLORES
Director
Division of Banking

Consumer Inquiry Form

Mail or Fax this completed complaint form with related attachments to:

IDFPR - Division of Banking
Consumer Services Section
122 S. Michigan Avenue, Suite 1900
Chicago, Illinois 60603
Fax: 312-793-7097

Please Note

This form will assist you in reporting concerns with the following companies and their employees: Mortgage Brokers and Mortgage Bankers, Savings & Loan Associations and Savings Banks, State Chartered Banks, Trust Companies, Pawnbrokers, Check Printers, and ATMs not owned by financial institutions.

- The IDFPR, Division of Banking, is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under 205ILCS 635/4-6. Disclosure of this information is voluntary. However, failure may result in this form not being processed.
- We cannot act on your behalf as a court of law or as a lawyer, give legal advice, or become involved in complaints that are in litigation or have been litigated.
- Consumer Hotline 800-532-8785 Website www.idfpr.com

YOUR INFORMATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	Today's Date:	
First Name:			Initial:	Last Name:	
Street Address:					
City:			State:	Zip Code:	
Telephone: ()		FAX: ()		Email:	

COMPLAINT INFORMATION

Please be advised that the issues described in this complaint will be shared, for a response, with the management of the financial institution or company in question. As specific, but as brief as possible, describe the events related to the problem. Include pertinent names and dates. Use a separate sheet of paper if more space is needed. Send only the documents that would clarify, and that are related to your complaint. *Do not send originals.*

Company Name (Mortgage Company, Financial Institution, Trust Company, Pawn Shop, etc.):		Date of Incident:	
Company Street:			
Company City:	Company State:	Zip Code:	
Company Telephone: ()			
Check applicable box, and write in the name of the company employee that is involved in your complaint:			
<input type="checkbox"/> Loan Originator	<input type="checkbox"/> Loan Officer	<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> Bank Teller
<input type="checkbox"/> Cashier	<input type="checkbox"/> Other _____ (Explain) _____		
■ Employee's Name:		Employee's Phone: ()	
Account Number: _____ Type of Account: <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Checking <input type="checkbox"/> Pawn Shop			
<input type="checkbox"/> Trust <input type="checkbox"/> Savings			
<input type="checkbox"/> Other _____			
Loan Property Address:	Street	City	State Zip
Have you tried to resolve, or have you filed a complaint with: 1. Your Financial Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Another Government Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A summarized description of my complaint is about (Check all applicable boxes.):			
<input type="checkbox"/> Overdraft Charges	<input type="checkbox"/> Unauthorized Credit Check	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Delayed Payoff	<input type="checkbox"/> Misapplied Payment (s)	Loan Type: <input type="checkbox"/> FHA	<input type="checkbox"/> Conventional
<input type="checkbox"/> Investment Property	<input type="checkbox"/> Escrow for Taxes or Insurance	<input type="checkbox"/> 203K	<input type="checkbox"/> Commercial
<input type="checkbox"/> Foreclosure Practice	<input type="checkbox"/> Denied Loan Modification	<input type="checkbox"/> Home Affordable Modification Program (HAMP)	

