



Virginia Bureau of Financial Institutions

Mailing Address:
 Post Office Box 640
 Richmond, VA 23218-0640

Telephone: (804) 371-9657
Fax: (804) 371-9416
Web: scc.virginia.gov

Physical Address:
 1300 East Main Street, Suite 800, Richmond, VA 23219

PRINT OR TYPE all information in INK only. Keep a copy for your records.

Return the completed form to the Bureau of Financial Institutions using the information above.

PLEASE READ CAREFULLY. We are best able to assist you with your complaint if you do the following:

Answer all questions in their entirety, giving full name, titles, addresses and phone numbers. A summary of the facts surrounding the complaint and a statement of the desired resolution is necessary. Your signature is required for the Bureau to process your complaint.

Attach copies of any letters, documents, contracts, or receipts pertinent to your complaint. (PLEASE DO NOT SEND ORIGINALS and PLEASE DO NOT INCLUDE ANY PERSONAL ACCOUNT INFORMATION SUCH AS DATE OF BIRTH, SOCIAL SECURITY NUMBER, ETC.).

Because of the complexity of some complaints, delays in processing do occur. We will make every effort to respond expeditiously to your complaint.

Our authority is limited to those entities and individuals who are, or are required to be, chartered, licensed, registered, or otherwise subject to regulation or supervision by the State Corporation Commission.

Name of Company		Today's Date	
Company Address		City, State, Zip Code	
Name of person(s) you dealt with		Company Telephone Number	
Your Full Name		Your Email Address	
Your Address	City, State Zip	Your Phone Number	
Is your complaint currently the subject of pending litigation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you consulted Legal Counsel? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company Service Type: <input type="checkbox"/> Bank <input type="checkbox"/> Check Casher <input type="checkbox"/> Consumer Finance Company <input type="checkbox"/> Credit Union <input type="checkbox"/> Debt Management Agency /Credit Counseling <input type="checkbox"/> Debt Settlement Services Provider		<input type="checkbox"/> Money Transmission/Money Order Seller <input type="checkbox"/> Mortgage Company (VA residential property only) <input type="checkbox"/> Motor Vehicle Title Loan <input type="checkbox"/> Savings Institution <input type="checkbox"/> Short Term Lender (Payday Lender) <input type="checkbox"/> Student Loan Servicer <input type="checkbox"/> Other: _____	

Details of complaint (use continuation sheet if additional space is needed)

What resolution are you seeking? How would you like your complaint resolved?

I authorize the Bureau of Financial Institutions to send a copy of this complaint, together with supporting documents, to the company against which the complaint is filed, other regulated entities, or the appropriate state or federal agency. I also authorize the company to release all records relating to this complaint to the Bureau of Financial Institutions, and I authorize the Bureau of Financial Institutions to release records relating to this complaint to the company. I also agree that by signing this form I authorize the Bureau of Financial Institutions to obtain any information required to evaluate my complaint. **Your signature is required for the Bureau to process your complaint.**

Signature of complainant

Date Signed

Print or Type Name