

**State of Louisiana**  
**OFFICE OF FINANCIAL INSTITUTIONS**  
**COMPLAINT FORM**  
(Complaints must be submitted in writing)  
(225) 925-4660 (888) 525-9414

**Complete, fill up, and mail (see page three for instructions)**

Your name:
Your loan number (if applicable):
Your telephone number(s):
Your email address:
Your mailing address:

<p>➤ <b>Check which type of entity about which you are complaining:</b></p> <p>Bank – (OFI regulates state-chartered banks only. )  Complaints regarding nationally-chartered banks (Chase, N.A., Capital One, N.A.) should be directed to the Office of the Comptroller of the Currency at (800) 613-6743, <a href="http://www.helpwithmybank.gov">http://www.helpwithmybank.gov</a>, or by mail at Consumer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010. Complaints regarding Regions Bank should be directed to the Alabama Banking Department at (866) 465-2279.</p> <p>Bond for Deed Escrow Agency</p> <p>Check Casher</p> <p>Credit Repair Services Organization – Contact the Attorney General’s Office, Consumer Protection Division at (800) 351-4889 or (225) 326-6465</p> <p>Credit Union</p> <p>Licensed Lender/Insurance Premium Finance Company (Finance Company) -- <b>Please note:</b> For motor vehicle sales financing, contact the Louisiana Motor Vehicle Commission, Sales Finance Division, at (504) 838-5207.</p> <p>Loan Broker (Brokers consumer loans <u>not secured by real estate</u>)</p> <p>Notification Filer/Retail Sales Contracts</p> <p>Pawnbroker</p> <p>Payday Lender</p> <p>Repossession Agent</p> <p>Residential Mortgage Lender/Mortgage Broker/Originator</p> <p>Savings and Loan Association/Savings Bank/Thrift (Complaints regarding federal savings and loans/thrifts and federal chartered savings banks (F.S.B.) should be directed to the Office of the Thrift Supervision at (800) 842-6929 or by mail at Office of Consumer Programs, 1700 G Street, NW, Washington, D.C. 20552</p> <p>Money Order/Money Transmitter</p> <p>Other (please list)</p>
<p>➤ <b>Name of entity about which you are complaining:</b></p>

➤ **Address of entity about which you are complaining:**

➤ **Name and telephone number of person with whom you dealt:**

➤ **Description of your complaint: (Include dates in your descriptions, and attach copies of all documentation which can support your complaint such as: correspondence, loan promissory notes or any other contracts; canceled checks, receipts etc. DO NOT send originals; keep them for your records. Attach additional pages, if needed).**

➤ **What would satisfy your complaint?**

➤ **What is the amount of your monetary loss, if any?**

I authorize the Office of Financial Institutions to send a copy of this complaint, together with supporting documents, to the company or any affiliate or related entity against which the complaint is filed and other private or public agencies.

I understand that the Office of Financial Institutions is not my legal representative. I understand that it is recommended that I consult a private attorney and that I may lose my private right to sue about this matter entirely if I wait too long to do so. I understand that any action by the Office of Financial Institutions may not result in a refund or other relief for me personally.

I wish to file this complaint with the Office of Financial Institutions. I understand that your office does not conduct litigation for individuals in matters, which involve purely private controversies. I am, however, filing this complaint to notify your office of the activities of this party and to seek any other assistance you may be able to render.

**Your signature and the date are required for this office to process your complaint.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and the third party release of information form and return to:**

**Mail:** Office of Financial Institutions  
Post Office Box 94095  
Baton Rouge, LA 70804-9095

**Fax:** (866) 341-4144 or (225) 925-4524

**Email:** [complaints@ofi.louisiana.gov](mailto:complaints@ofi.louisiana.gov)

(Please note that content in email sent to OFI is not encrypted and can be intercepted and read. To ensure better confidentiality, please fax or mail the complaint information via United States Postal Service.)

**THIRD PARTY AUTHORIZATION FORM**

I, hereby, authorize my financial institution to respond to the complaint, and provide supporting documentation to the Louisiana Office of Financial Institutions located at the following address:

Louisiana Office of Financial Institutions  
Post Office Box 94095  
Baton Rouge, LA 70804-9095

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Signature

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Date