

STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL
INSTITUTIONS



Return Form To:

Department of Financial Institutions
 WCA Section
 PO Box 8041
 Madison, WI 53707-8041

Telephone: (800) 452-3328
 Telephone: (608) 264-7969
 Fax: (608) 264-7968

dfi.wi.gov

MORTGAGE BANKER/BROKER COMPLAINT

Completion of this form is voluntary. Information requested provides statistical information for our office. This form is a public record and personally identifiable information may be shared with other State or Government agencies.

YOUR INFORMATION			THE BUSINESS YOUR COMPLAINT IS AGAINST		
Name			Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Reach me by phone between 8 a.m. and 4 p.m. at: ()			Name of person you dealt with:		
Account number with business, if any:			Phone number: ()		
E-mail address:					

1) What kind of mortgage?

- | | |
|---|---|
| <input type="checkbox"/> Conventional home mortgage (the majority of mortgages to purchase or refinance a home) | <input type="checkbox"/> Home equity loan or line of credit (HELOC) |
| <input type="checkbox"/> FHA mortgage (special federal loan with a low down payment) | <input type="checkbox"/> Reverse mortgage |
| <input type="checkbox"/> VA mortgage | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Escrow |
| | <input type="checkbox"/> Other |

2) What type of problem are you having?

- Applying for a mortgage or refinancing an existing mortgage (application, credit decision, underwriting)
- Closing on a mortgage (closing process, confusing or missing disclosures, cost)
- Trouble during payment process (loan servicing, payment processing, escrow accounts)
- Struggling to pay mortgage (loan modification, behind on payments, foreclosure)
- Problem with credit report or credit score

3) Have you contacted the business about this complaint?

No Yes When: _____

Results of the contact: _____

4) Have you filed this complaint with any other agency?

No Yes Agency name: _____

5) Have you contacted a private attorney? No Yes

Has legal action been started? No Yes

- 6) Describe your complaint and the events in the order they happened, including specific dates and the activities or practices to which you object. **IMPORTANT: Please attach copies of any documents, such as a contract, advertisements, disclosures, letters, etc., which are pertinent to your complaint.**

What resolution do you suggest?

The above statement is true and accurate to the best of my knowledge.

Your signature _____ Date _____

The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against. It may also be used to enforce applicable state laws. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.