



District of Columbia Department of Insurance, Securities and Banking

Request Help in Dealing with a Financial Institution

DC Government can assign an investigator to assist District residents.

How can DC Government help?

Do you have concerns about your insurance company, mortgage lender, or investment advisor? Are you trying to figure out how to repay your student loans? **The investigators and counselors at the DC Department of Insurance, Securities and Banking (DISB) may be able to help.** The DISB licenses and regulates financial service companies and professionals that operate in DC. This means the DISB can assist you when you have concerns or complaints with the following businesses or products to determine if any DC laws or regulations have been violated:

- Banks (accounts, loans, etc.)
- Insurance companies (home, auto, renters, etc.)
- Student loan servicers (private or federal)
- Mortgage lenders and servicers
- Money transfer services
- Check cashers
- Service contracts (home and auto warranties, etc.)
- Investments advisers and representatives
- Appraisal management companies
- Professionals associated with these business entities

We recognize that this may be a difficult time. **We will thoroughly review your problem and work with you to identify if there is a solution that works for both you and the institution.** If your problem requires further investigation or criminal prosecution, the DISB will refer the matter to the proper authorities. Please be advised that the DISB does not have the legal authority to represent you and cannot offer legal advice. Should legal action become necessary, you may need to consult an attorney.

Tell us about yourself.

Full name:		Phone:		DC Ward:	
Address:		Unit:	City, State:		ZIP:
Email:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary			
Are you Hispanic/Latinx? <input type="checkbox"/> Yes <input type="checkbox"/> No		Age: <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-64 <input type="checkbox"/> 65+			
Race: <i>check all that apply</i>		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> _____			
Are you eligible to declare veteran or military status?		<input type="checkbox"/> No <input type="checkbox"/> Veteran <input type="checkbox"/> Active duty/reserve <input type="checkbox"/> Deployed			
Combined annual household income:		<input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$100,000 - \$149,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$150,000 - \$199,999 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$200,000 and over			

Tell us about the problem. *Check all that apply*

<input type="checkbox"/> My claim was denied/delayed/disputed.	<input type="checkbox"/> The company took actions on my behalf without permission.
<input type="checkbox"/> I am owed a refund that I haven't received.	<input type="checkbox"/> The company is engaging in unlicensed activity.
<input type="checkbox"/> My payment wasn't credited to my account.	<input type="checkbox"/> The company did not fulfill their obligations.
<input type="checkbox"/> I am having an issue with my student loan.	<input type="checkbox"/> Other:

If you are experiencing a problem with a student loan, please tell us more.

What are the names of the loan servicer and of the colleges/universities/trade schools you attended when the loan was issued? This information helps the DISB identify any patterns of fraudulent practices and assists our efforts to resolve your request.

(optional) When did you/do you plan to graduate from high school or an equivalency program?

How much is your current student loan debt?

Tell us about the company that you would like help with.

Company name:		Your account/policy #:		
<i>(optional)</i> Address:		City:	State:	ZIP:
What product do you have from the company? <i>Check all that apply</i>				
<input type="checkbox"/> Checking/Savings	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Loan (not student)	<input type="checkbox"/> Insurance	
<input type="checkbox"/> Investment	<input type="checkbox"/> Service Contract	<input type="checkbox"/> Other:		
<i>(optional)</i> If you communicated with the company and have the contact information for the person you spoke with, please share it.				
Name:		Title:	Phone:	
Email:		Date(s) contacted:		

If there is another company involved in this issue, tell us about them. *Skip if not applicable.*

Company name:		Your account/policy #:		
Address:		City:	State:	ZIP:
What product do you have from the company? <i>Check all that apply</i>				
<input type="checkbox"/> Checking/Savings	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Loan (not student)	<input type="checkbox"/> Insurance	
<input type="checkbox"/> Investment	<input type="checkbox"/> Service Contract	<input type="checkbox"/> Other:		
<i>(optional)</i> If you communicated with the company and have the contact information for the person you spoke with, please share it.				
Name:		Title:	Phone:	
Email:		Date(s) contacted:		

In your own words, please describe the problem and any response from the company.

Please explain the entire problem. It is important to include all details about the situation. Please be specific in referring to names, dates or documents. If any part of the transaction occurred outside of the District of Columbia, please indicate that fact. **Remember that it is better to include more information rather than less.** You are welcome to attach another page if needed. We also encourage you to attach copies of letters, invoices, contracts, emails, or other relevant documents. **Do not send originals or your only copy of any document.** Directions on how to submit documents are provided on the next page.

How would you like this problem resolved? *For example, I'd like to be refunded \$X or I'd like my policy reinstated.*

If you believe that financial fraud or criminal activity has occurred, please tell us why you believe such conduct has occurred.

In addition to the DC Government, there may be other government or private entities that can help you with your request. **Have you contacted any of them?** Some examples of these other entities include the U.S. Securities and Exchange Commission, the Office of the Comptroller of the Currency, the Financial Industry Regulatory Authority, the U.S. Department of Education, the Consumer Financial Protection Bureau, or your former school in the case of a student loan.

- No Yes. Please describe your interaction below:

Read and sign the following statements.

Privacy Statement: I understand that the information requested on this form will be used to investigate and respond to my complaint. In an effort to resolve my issue, the information requested may be disclosed to the financial institution that is the subject of my complaint; any involved third-parties; other federal, state, or local agencies that have regulatory authority over the subject financial institution; federal, state, or local law enforcement authorities; or District or Congressional elected officials if the complaint was initially or subsequently filed with such an office.

Disclaimer: I wish to file a complaint and/or raise a question concerning the financial institution named in this form with the understanding that the DISB may conduct an investigation on my behalf. However, I understand that the DISB does not have the authority to act and cannot act as my legal representative in connection with this complaint. I understand that my submission of this form is voluntary and that a failure to provide requested information and/or a failure to sign this form may delay or preclude the investigation of my complaint. I understand that as part of the DISB's investigation, a copy of this form may be forwarded to the financial institution that is the subject of the complaint or other third-parties as referenced in the Privacy Statement above. I understand that DISB's complaint process is not designed to replicate remedies available to me in a court of law.

Disclaimer: The Department of Insurance, Securities and Banking complies with all applicable federal and State laws regarding discrimination. The Commissioner does not base findings concerning complaints on a person's age, ancestry, color, gender identity and expression, marital status, race, or any other protected status. In an effort to ascertain trends regarding complaint data, we ask that you voluntarily provide the requested demographic information. Demographic information will not be shared with the person or entity who is the subject of your complaint.

Authorization: I authorize the DC Department of Insurance, Securities and Banking to contact the subject financial institution on my behalf and access any relevant information that will assist in investigating my complaint.

Signature: _____
Date: _____

Attach supporting documents and submit.

Online	Email	Mail
Use our online portal to answer this form's questions, upload attachments, and submit.	Complete this form, attach your supporting documents to your email, and send to disbcomplaints@dc.gov .	Complete this form and mail it along with photocopies of your documents to: Department of Insurance, Securities and Banking 1050 First St. NE, Suite 801 Washington, DC 20002

What comes next?

The DISB recognizes that this may be a difficult time for you. Your request will be assigned to an investigator or counselor on our team. Within 3 business days of being assigned, the DISB will send you an acknowledgment letter with the name and contact information for the team member assigned to your matter.

Typically, your request will be resolved within 45 days, though some requests may take longer to resolve. Throughout that time, we may contact you with additional questions or requests for information. The DISB will use its best efforts to resolve your problem. When your request is resolved, you will receive a close-out letter documenting the result.

