



Government of the District of Columbia
Department of Insurance, Securities and Banking



Consumer Complaint Form

The Role of the Department of Insurance, Securities and Banking (DISB)

As part of its oversight responsibility, the Department of Insurance, Securities and Banking (DISB) investigates complaints against the financial institutions that we license and regulate. The Commissioner is empowered to take administrative action if there are violations of the laws or regulations that DISB administers. In appropriate cases, DISB will refer matters to the proper authorities for further investigation or criminal prosecution. As an administrative agency DISB's authority is limited to enforcing laws and regulations. However, DISB will thoroughly investigate your complaint and make every effort to bring about a satisfactory resolution. If the circumstances of your complaint require legal action, you may wish to consult an attorney.

List of Regulated Financial Institutions

DISB regulates the following financial institutions:

- **Insurance Industry** – insurance companies; insurance agents (producers); health maintenance organizations; continuing care retirement communities; captive insurance companies; and risk retention groups.
- **Securities Industry** – investment advisers and their representatives; broker-dealers and their agents; securities issuers and agents of issuers.
- **Banking Industry** – District and state-chartered banks; mortgage lenders and brokers; check cashers; money transmitters; motor vehicle and consumer sales-finance companies; money lenders; student loan servicers and consumer-credit-service organizations.

Guidelines for Completing this Form

Please take the time to read these guidelines because following them will allow us to better serve you.

- Please complete the consumer complaint form as thoroughly as possible.
- Please attach supporting documentation.
- Please **sign** the consumer complaint form upon completion.
- Please retain a copy including any original documentation for your files.
- Please return the form by mail, fax, e-mail, or hand delivery to the following address:

District of Columbia Department of Insurance, Securities and Banking
1050 First St., NE, Suite 801
Washington, DC 20002
Fax: (202) 354-1085
E-mail: disbcomplaints@dc.gov

DISB will acknowledge receipt of your complaint and advise you of the investigator assigned to handle it. If you do not receive this acknowledgement within 10 days to 2 weeks, please contact DISB.

If you should have any questions, please contact DISB's Consumer Services Division at disbcomplaints@dc.gov.

SECTION I – CONSUMER INFORMATION		
Name:	Daytime Phone: ()	
Evening Phone: ()	Cell: ()	
Best time to call:		
Street Address:		Ward:
City:	State:	ZIP Code:
E-mail Address and/or Fax Number:		
For Demographic Purposes Only: Please select your age range below.		
Under 25 <input type="checkbox"/>		
25 - 49 <input type="checkbox"/>		
50 - 64 <input type="checkbox"/>		
65+ <input type="checkbox"/>		
SECTION II – INSURANCE COMPANY, SECURITIES FIRM, BANK OR OTHER FINANCIAL SERVICE PROVIDER INFORMATION		
Company Name:		
Street Address:		
City:	State:	ZIP Code:
Phone, Fax or E-mail Address:		
Type of product in question: Please check the appropriate box(es) below.		
Insurance <input type="checkbox"/>		
Investment <input type="checkbox"/>		
Checking/Savings <input type="checkbox"/>		
Loan <input type="checkbox"/>		
Other <input type="checkbox"/> Please specify: _____		
Unknown <input type="checkbox"/>		
Type of problem: Please check the appropriate box(es) below.		
<input type="checkbox"/> Claim Denial/Dispute/ Delay		<input type="checkbox"/> Refund Due
<input type="checkbox"/> Misrepresentation by Company or Employee		<input type="checkbox"/> Payment not Credited
<input type="checkbox"/> Unlicensed Activity		<input type="checkbox"/> Unsuitable Transaction
<input type="checkbox"/> Other (Please specify):		
Account or Policy#:		
How much money is in dispute?		

SECTION III – NATURE OF THE PROBLEM

As fully as possible, please describe the events in the order in which they happened, including specific dates, names of involved individuals, and the financial institution's actions to which you objected. Enclose COPIES of your supporting documentation or correspondence that may be helpful, including complaints made to the financial institution or other regulators or government agencies. **PLEASE DO NOT SEND ORIGINALS OR YOUR ONLY COPY OF ANY DOCUMENT.** Keep a copy of this complaint for your own files. *(If additional space is needed, please attach a separate sheet.)*

If you have attempted to resolve your complaint directly with the financial institution, please provide the information below? If not, proceed to next question.

Name of person(s) contacted:

Date(s) contacted:

Title of person(s) contacted:

Telephone or e-mail of person(s) contacted:

Financial institution's response: *(If additional space is needed, please attach a separate sheet or attach a copy if in writing.)*

Have you contacted any other financial services regulator, such as other state regulators, the U.S. Securities and Exchange Commission, the Financial Industry Regulatory Authority, The Office of the Comptroller of the Currency, etc. or taken any action including arbitration? If yes, please describe your contacts.

SECTION IV – RESOLUTION

How you would like this complaint resolved?

SECTION V – FINANCIAL FRAUD

If you believe that financial fraud or criminal activity has transpired, please check this box and state why you believe this to be a fraudulent action.

PRIVACY STATEMENT

The information requested on this form will be used to investigate and respond to your complaint. In our effort to resolve your issue, this information may be disclosed outside the agency to the financial institution that is the subject of your complaint; to any involved third parties; to the federal, state, or local agency that has supervisory authority over the subject financial institution; to appropriate federal, state, or local law enforcement authorities if a violation or possible violation of law is discovered; or to a legislative office in response to any inquiry made at your request.

DISCLAIMER

I wish to file a complaint against the financial institution named in this complaint form, with the understanding that DISB may conduct an investigation on my behalf. However, I understand that DISB does not have the authority to act as my representative in the subject matter of this complaint. I understand that completion of this form is voluntary, but failure to provide requested information and/or failure to sign this form may delay or preclude investigation of my complaint. I understand that, as part of DISB's investigation on my behalf, a copy of this form may be forwarded to the financial institution that is the subject of your complaint or other third-parties as referenced in the Privacy Statement above.

Date: _____ Signature: _____
(Signature required. Unsigned complaints will be returned and will not be processed.)