



Tennessee Department of Financial Institutions
Consumer Resources Section
Tennessee Tower, 26th Floor
312 Rosa L. Parks Avenue, Nashville, TN 37243-1102
Phone: 800-778-4215 Fax: 615-253-7794

Consumer Complaint

The Tennessee Department of Financial Institutions requires that complaints be written. The Department provides this form with the understanding that you authorize this office to conduct an investigation to determine if a violation of Tennessee law has occurred.

PLEASE NOTE HOWEVER THE DEPARTMENT:

- 1. Cannot act as a court of law or as a lawyer on complainant's behalf
- 2. Nor can we provide legal advice
- 3. Additionally, we cannot become actively involved in complaints that are in litigation or have been resolved by the court system.

Consumer Information:

First Name: * Middle Name: Last Name: *

Address 1: *

Address 2:

City: * State: * Zipcode: * County: *

Phone (H):

Phone (W):

Phone (C):

Email:

Would you like to receive all correspondence from our office via email? *

Is this complaint related to your mortgage? *

If complaint involves a mortgage loan, please advise if it is: **Select one** Investment Property or Owner Occupied

Mortgage Loan Number:

Are you behind on your mortgage or are you concerned that you will be soon?

Have you been assigned a workout negotiator or specific contact person from your mortgage company regarding your foreclosure issue? *

Do you have a foreclosure sale date? When is the foreclosure sale date? *

Are you facing eviction? When is the eviction date? *

Have you made a loss mitigation request to your mortgage company?

What date did you send in the loss mitigation request? *

Have you received a response from your loss mitigation request?

Respondent Information:

Company/Individual: *

Address 1:

Address 2:

City: * State: * Zipcode: * County: *

Phone:

Amount Involved:

Date of Transaction:

Type of Transaction or Service: **Select one**

Have you contacted the financial institution?

Please provide the name of the person you spoke to at the financial institution, as well as the date(s) of contact:

Retained an attorney? * Attorney Phone:

If yes, please provide the name and address of the attorney:

has a lawsuit been filed? *

If yes, please provide the case or docket number and name of court: *

Please provide a detailed explanation of your complaint issues: Attach additional sheets if needed to explain the situation

**By submitting this information, I hereby attest to the accuracy or truthfulness of the content.
I authorize the Department of Financial Institutions to send this complaint form to the financial institution
or use the information given in any other manner deemed necessary or proper.**

If applicable, add attachments to this complaint.

Signature Date