



Consumer Complaint Form

Maine Bureau of Consumer Credit Protection

35 State House Station
Augusta, ME 04333
Telephone: (207) 624-8527
Toll-Free: (800) 332-8529
Fax: (207) 582-7699
TTY: 711

Instructions:

1. **Print or Type** all information in INK only.
2. Return the completed form to the Bureau of Consumer Credit Protection at the address or fax number shown above. Keep a copy for your records
3. Do not send original documents. Please be advised the issues described in this complaint will be shared with the Respondent.
4. The Bureau cannot act on your behalf in court or as a lawyer, give legal advice, or become involved in complaints that are in litigation or have been litigated.

Name of Company

Today's Date (month, day, year)

Address of Company (number and street, city, state, and ZIP code)

Type of Company

Your Account Number

Name(s) of Person(s) You Dealt With

Your Name

Your email address

Your Daytime Telephone Number

Your address (number and street, city, state, and ZIP code)

Co-Signer Name and Address (if Applicable)

Briefly Explain Your Complaint. List the facts in the order they occurred. Include names, dates, places and times, as this information is extremely important.

What would you like the business to do to resolve your complaint?

I certify the information provided on, or with this form is true and correct to the best of my knowledge. I hereby request that the Bureau conduct a review of my complaint. To assist with this review, I authorize any person or entity in connection with this complaint to provide relevant information.

Signature

Date

Please check all that apply:

Supporting documents attached

Supporting documents faxed

Supporting documents sent by mail

No supporting documents