MORTGAGE (ONLY) COMPLAINT FORM

Office Use Only

Complaint No. ID. Category Closing Date

Mail to Consumer Mortgage Complaint SC Board of Financial Institutions Consumer Finance Division 1205 Pendleton St., Suite 306 Columbia, SC 29201	Telephone (803) 734-2020 Fax: (803) 734-2025 Email: complaints@bofi.sc.gov
(Prefix) (Last Name) (First Name) (Suffix)	
(Address)	
(City) (State) (Zip)	
(Residence Telephone) (Office Telephone) (E-Mail Address)	

Give Complete name and address of **BUSINESS COMPLAINED AGAINST**		
(Company)		
(Who did you deal with?)		
(Address)		
(City)	(State)	(Zip)
(Telephone No.)		

1. Have you filed a complaint with any other consumer services agency? Yes ☐ No ☐
2. Have you been served with a foreclosure notice? Yes ☐ No ☐
3. Is an attorney handling your complaint? Yes ☐ No ☐

If you answered yes to any of the above questions, please provide the corresponding name, address and telephone number:

(Name) (Address) (City, State Zip) (Telephone No.)

Please indicate your age range (optional): 18-35 ☐ 36-49 ☐ 50-65 ☐ 66 & over ☐

NOTE: ATTACH A COPY OF CONTRACTS, RECEIPTS, NOTES, CORRESPONDENCE, OR ANY OTHER DOCUMENTS TO SUPPORT YOUR COMPLAINT.

Please provide a complete explanation of your complaint (Continue on the back if necessary):

Date complained to Company: _____

Company's Response:

What do you want the business to do?

PLEASE SIGN AND DATE THIS COMPLAINT.

THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT MAY REQUIRE THE CONSUMER FINANCE DIVISION TO RELEASE A COPY OF YOUR COMPLAINT AS A PUBLIC RECORD.

DATE YOUR SIGNATURE