



TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

2601 N Lamar Blvd
Austin, TX 78705
occc.texas.gov

CONSUMER COMPLAINT FORM

512-936-7600
Fax: 512-936-7610

CONSUMER INFORMATION

Your Full Name _____
Address _____
City/State/Zip _____

Are you age 18 or older ? Yes No E-mail Address _____
Home Phone () _____ Work Phone () _____
The best place and time to reach you from 8 a.m. to 5 p.m. is at _____ (work or home) at _____ (time)

COMPANY OR INDIVIDUAL ABOUT WHOM YOU ARE COMPLAINING

Company Name _____
Address _____
City/State/Zip _____
Telephone () _____
List the names of any individuals with whom you have had contact _____

ACCOUNT INFORMATION

Your account name (as company has it) _____
Your account number (as company has it) _____
Did you sign any papers? Yes No
Were they signed **at your home**? Yes No
Were you given a copy? Yes No

COMPLAINT INFORMATION

All complaints and accompanying information are presumed to be open records unless excepted pursuant to TEX. GOVT. CODE § 552.101 et seq. Information and records not excepted must, by law, be given to anyone who requests them.

Have you contacted an attorney relative to this complaint? Yes No
Is there a court action pending? Yes No

How did you find out about the OCCC? _____

Have you tried to resolve the complaint issue with the company described above? Yes No
If you have, what was their response to your concerns?

Please provide a written explanation of your complaint by describing a timeline of events and noting dates of transactions, interactions, the names of individuals, and names of businesses involved. If you need more space, you may provide it as an attachment. Enclose copies of documents that are relevant to your issue.

What do you believe would be a fair resolution to this matter?

I agree that the information provided within this complaint (and any attachments) is correct to the best of my knowledge. If I am filing this complaint on behalf of another, I affirm that I have the complainant's permission to do so. I give the OCCC permission to discuss or provide a copy of this information to the individual or company I am complaining about. If my complaint concerns violation of state or federal law outside the OCCC's jurisdiction, the OCCC may forward it to the appropriate agency.

Signature _____ Date _____

Note: You may either mail this form or return it as an attachment via e-mail. A signature is not required for those forms returned via e-mail, however, choosing to return the form via e-mail will also be considered an affirmation of the statements above.

Return to: Office of Consumer Credit Commissioner • 2601 N Lamar Blvd • Austin TX 78705 • E-mail: consumer.complaints@occc.texas.gov