



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 (circle one) 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.*

**Explain your complaint fully by attaching a description of the events in the order in which they happened.  
Enclose copies of all documents that relate to your complaint.**

Have you contacted an attorney relative to this complaint?    Yes    No  
Is there a court action pending?    Yes    No  
What do you believe would be a fair resolution to this matter? \_\_\_\_\_

How did you find out about the OCCC? \_\_\_\_\_

*By signing my name I affirm that the information provided on this form (and any attachments) is accurate to the best of my knowledge and I authorize you to relay this information to the individual or company about which I am complaining. If my complaint concerns violations of state or federal law outside OCCC jurisdiction, it may be forwarded 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.