

# OFFICE OF THE COMMISSIONER OF FINANCIAL REGULATION

## CONSUMER SERVICES UNIT



---

### STUDENT LOAN CONSUMER COMPLAINT FORM

---

The Commissioner of Financial Regulation (“Commissioner”) is responsible for supervising Maryland State-chartered banks, credit unions, and non-deposit trust companies (collectively “Institutions”) and for supervising entities providing various financial services to Maryland consumers. The State Collection Agency Licensing Board is responsible for supervising collection agencies (“Board Licensees”). Under Maryland law, the Student Loan Ombudsman (“Ombudsman”) is required to: receive and review complaints from student loan borrowers; attempt to resolve complaints by collaborating with higher education institutions, student loan servicers, and others, as specified; and help student loan borrowers understand their rights and responsibilities.

#### **Before you begin:**

If you have a complaint about your student loan servicer, it is recommended that you contact your servicer to attempt to resolve the issue prior to submitting a complaint. When contacting your servicer, it is important to make every effort to ensure that the person with whom you communicate is authorized to resolve your dispute.

Filing a complaint with the Ombudsman gives the Commissioner insights into issues related to student loan servicing in the State and help us to prioritize issues.

**Instructions:**

This is a fillable PDF form which means you may complete and sign this form electronically. If you decide to complete the form manually, please print the form, print your information clearly and sign your name. Use black or blue ink, only.

This is **NOT** an online form; you must submit your complaint by one of the means listed below. Please enclose copies (**NOT ORIGINALS**) of documents (contracts, account statements, letters, bills, receipts, checks, etc.) that relate to your complaint, and be sure to sign (electronically or manually) and date your complaint.

Deliver your completed complaint form and relating documents by one of the following methods:

**BY E-MAIL:** Please send as attachments to [studentloan.ombudsman@maryland.gov](mailto:studentloan.ombudsman@maryland.gov)

**BY MAIL:**

Commissioner of Financial Regulation  
500 North Calvert Street, Suite 402  
Baltimore, Maryland 21202  
Attention: Student Loan Ombudsman

**IN-PERSON:** You can also walk in to the Commissioner's office at 500 North Calvert Street, Baltimore, MD, 21202 Suite 402 (**Note:** walk-in Hours are: 9:00 am - 4:00 pm)

**BY FACSIMILE (FAX):** at the following fax number 410-333-3866 (**Note:** please mark your fax to the attention of the Consumer Services Unit)

Note: Your complaint will be assigned to an Examiner who will handle your complaint and who will reach out to you shortly after being assigned your complaint.

Be advised any information that you provide may be forwarded to an Institution, Licensee, Board Licensee, or any other individual against whom you have complained.

Should you have any questions regarding the Commissioner's complaint resolution process or a complaint you have filed with the Commissioner, do not hesitate to contact the Consumer Services Unit at (410) 230-6077 or Toll Free at (888) 784-0136 or email [DLFRComplaints-DLLR@maryland.gov](mailto:DLFRComplaints-DLLR@maryland.gov)

**Before you submit or mail your complaint:**

- Proof read the information you have provided and make any necessary corrections.
- Enclose copies (**NOT ORIGINALS**) of documents that relate to your complaint.
- Please make sure to sign and date the form.
- Finally, before sending make a complete copy of all information submitted by you.

**DEMOGRAPHIC INFORMATION**

The Office of the Commissioner of Financial Regulation complies with all applicable federal and State laws regarding discrimination. The Commissioner does not base findings concerning complaints on a person's age, ancestry, color, gender identity and expression, marital status, race, or any other protected status. However, in an effort to ascertain trends regarding complaint data, we ask that you voluntarily provide the following demographic information. Demographic information will not be shared with the person or entity who is the subject of your complaint.

What category best describes you?

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic, Latino or Spanish origin  
 Middle Eastern or North African  
 Native Hawaiian or Other Pacific Islander  
 White or Caucasian  
 Other race, ethnicity or origin  
 Decline to answer

Gender Identity:  Female     Male     Other gender     Decline to Answer

Age:  18-25     26-35     36-45     46-55     56-65     Over 65     Decline to Answer

Veteran/ Military Status:

Are you eligible to declare veteran or military status?     Yes     No

If yes which best describes your status?     Veteran     Active Duty or Reserve  
 Active Duty or Reserve/ deployed

## CONSUMER INFORMATION

Your Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home #: Cell#
Street Address:	Work# Fax #: _____
City/Town/State:	Zip Code:
E-mail Address:	

## CONSUMER ATTORNEY OR REPRESENTATIVE AGENT

Do you have an attorney or representative agent assisting you with this complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, do you authorize the release of information to the below listed individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Representative Name:	Work #:	_____
Representative Street Address:	Cell #:	_____
	Fax #:	_____
Representative City/Town/State:	Zip Code:	
Representative E-mail Address:		

## WHAT IS YOUR COMPLAINT ABOUT?

(Check all that apply)

Is your loan:	<input type="checkbox"/> Private student loan (loans from a private lender: local, regional or national bank or credit union; online lender)	<input type="checkbox"/> Federal student loan (loans from the U.S. Department of Education: Direct Subsidized and Unsubsidized; Direct PLUS for Parents or Graduate Students; Direct Consolidation)
What is your account or loan number?		
What is your complaint about? (check all that apply)		
<input type="checkbox"/> Difficulty with loan servicer (e.g. misapplied payment, errors in crediting principal and interest payments, inaccurate interest rate calculations, billing errors related to servicer changes, and/or loan consolidations)		
<input type="checkbox"/> Difficulty communicating with the loan servicer (e.g. trouble reaching the servicer, the servicer failing to communicate with you)		
<input type="checkbox"/> Inappropriate collection activity or tactics by the loan servicer.		
<input type="checkbox"/> Issues with your credit report (e.g. incorrect information, fraud or identity theft)		

**THE NAME OF THE PERSON OR ENTITY THAT I AM COMPLAINING ABOUT:**

(If more than one, use separate Complaint Form for each complainant)

Name:	Work #: _____
	Cell #: _____
Street Address:	Fax #: _____
City/Town/State:	Zip Code: _____
E-mail Address:	

Complaint Narrative:

