

Debt Management Complaint Form

My Name	Name of DEBT MANAGEMENT COMPANY this complaint is about
Address	Company Address
City State Zip	City State Zip
Home phone number () Work phone number ()	Company phone number ()

Name of the person or persons you dealt with at the Debt Management Company

Have you hired an attorney to represent you in this matter? Yes No

Have you filed a lawsuit in this matter? Yes No

Details of my complaint: _____

Please list events in the order they happened. Attach additional pages if needed. If possible, please use letter size paper (8 1/2 x 11") for all attachments.

Reviewing documents often helps us understand important details of your complaint.

Please attach copies of your debt management contract, letters or other documents that will help us review your complaint.

Always send copies. Never send original documents.

Please mail your complaint to:

OFIR Consumer Services
PO Box 30220
Lansing MI 48909-7720
Or fax to: (517) 241-3991
Or Email to: ofir-ins-info@michigan.gov

I authorize the release of any information regarding this complaint to help the Office of Financial and Insurance Regulation with their review. A copy of this complaint and related documents may be sent to any company, agency or licensee involved in this matter.

Signature _____ | Date signed _____



Michigan Department of Energy, Labor & Economic Growth

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit OFIR online at: www.michigan.gov/ofir

Phone OFIR toll-free at: 1-877-999-6442