



# TEXAS

## DEPARTMENT OF SAVINGS AND MORTGAGE LENDING

Caroline C. Jones  
Commissioner

### **INFORMATION ABOUT THE COMPLAINT PROCESS**

The Texas Department of Savings and Mortgage Lending (the Department) accepts signed, written complaints against Residential Mortgage Loan Originators, Mortgage Companies, Financial Services Companies, Auxiliary Mortgage Loan Activity Companies, and Independent Contractor Loan Processors and Underwriters licensed under Texas Finance Code Chapter 156; Residential Mortgage Loan Originators and Mortgage Bankers under Texas Finance Code Chapter 157; Residential Mortgage Loan Servicers under Texas Finance Code Chapter 158 and state savings banks. The Department does not accept complaints over the telephone or unsigned complaints by electronic mail because the Texas Finance Code requires the Department to receive a person's signed, written complaint that establishes reasonable cause for an investigation before the Department is authorized to investigate the complaint.

The Department does not regulate federal or state banks, real estate brokers or agents, title insurance companies, appraisers, or buyers or sellers who are not licensed by the Department, nor does the Department resolve commission or employment disputes between its licensees. The Department may only take disciplinary action against a person who is licensed or registered under its programs and who has violated a law that is within the scope of the Department's enforcement authority.

Texas law prohibits the Department from giving private legal advice or opinions or from acting as your personal attorney or legal representative. If you seek to recover monetary damages, you should consult a private attorney to inform you of your rights and remedies through the courts.

Attached is a complaint form. If you wish to file a complaint with the Department, please complete the entire form in English and sign the complaint. If you do not want your identity revealed, or do not sign your complaint, we will be unable to process your complaint. Be sure to enclose copies of all relevant documents when returning the complaint form to the Department. **DO NOT SEND ORIGINAL DOCUMENTS.**

You will be notified by mail that your complaint has been received. We will determine whether your complaint states facts which could establish a violation of one or more of the laws that the Department administers and enforces. If so, the Department will open an investigation of your complaint; if not, the Department will contact you to let you know that we will not take further action based on your complaint.

If an investigation is opened, the person against whom the complaint is filed will receive a copy of the complaint. After the investigation is concluded, the information obtained will be reviewed to determine whether there is sufficient evidence to take disciplinary action, which could include a formal reprimand, the suspension or revocation of a license or registration, payment of an administrative penalty, or other appropriate action. Please be advised that, if you file a complaint, you may be required to testify as a witness in a hearing that would be conducted in Austin, Texas, against the licensee(s) or registrant(s) in question.



**TEXAS DEPARTMENT OF SAVINGS AND MORTGAGE LENDING**  
**COMPLAINT FORM**

(PLEASE TYPE ALL REQUIRED/HIGHLIGHTED FIELDS BEFORE PRINTING)

**DEPARTMENT USE ONLY:**

Complaint Number:

Date Received:

Please mail or fax all correspondence to:

TEXAS DEPARTMENT OF SAVINGS AND MORTGAGE LENDING  
ATTN: CONSUMER COMPLAINT DIVISION  
2601 NORTH LAMAR BLVD, SUITE 201  
AUSTIN, TEXAS 78705  
Mortgage Complaints: (FAX 512-936-2003)  
State Savings Banks: (FAX 512-475-1505)

**COMPLAINT REGARDING:**

Mortgage Origination

Mortgage Servicing

State Savings Bank

**YOUR CONTACT INFORMATION:**

**NAME**

First:

Last:

**ADDRESS**

Street:

City:

State:

Zip:

**TELEPHONE NUMBERS**

Home:

Work:

Cell:

Fax:

**EMAIL**

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**PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE PERSON,  
COMPANY AND/OR STATE SAVINGS BANK AGAINST WHOM YOU ARE COMPLAINING:**

<b>PERSON'S NAME</b>		
First:	Last:	
<b>COMPANY'S NAME</b>		
Name:		
<b>ADDRESS</b>		
Street:		
City:	State:	Zip:
<b>TELEPHONE NUMBERS</b>		
Home:	Work:	
Cell:	Fax:	
<b>EMAIL</b>		
<b>NMLS ID/REGISTRATION NUMBER (If Known)</b>		

**DATES OF TRANSACTION/INITIAL CONTACT:**

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**HAVE YOU FILED A COMPLAINT AGAINST THIS PERSON, COMPANY AND OR STATE  
SAVINGS BANK WITH ANOTHER AGENCY?    Yes    No**

**IF YES, WHICH AGENCY?**

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**WHAT ACTION HAS BEEN TAKEN BY THE OTHER AGENCY?**

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**DO YOU HAVE AN ATTORNEY REPRESENTING YOU IN THIS MATTER?**  Yes  No

**IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

<b>ATTORNEY'S NAME</b>		
First:		Last:
<b>ATTORNEY'S ADDRESS</b>		
Street:		
City:	State:	Zip:
<b>TELEPHONE NUMBERS</b>		
Home:		Work:
Cell:		Fax:
<b>EMAIL</b>		

**PLEASE LIST THE NAME(S), ADDRESS(ES), AND TELEPHONE NUMBER(S) OF ANY WITNESS(ES) WHO HAVE OR MAY HAVE INFORMATION CONCERNING THE SUBJECT MATTER OF YOUR COMPLAINT:**

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**COMPLAINT DETAIL:** List the facts of your complaint in the order of their occurrence, starting with the earliest date and working forward. Attach additional sheets as needed.

**HAVE YOU PREVIOUSLY NOTIFIED THE PERSON, COMPANY AND / OR STATE SAVINGS BANK NAMED ON PAGE ONE ABOUT YOUR COMPLAINT?**  Yes  No

**HOW DID YOU NOTIFY THEM?**  WRITTEN  ORAL

**WHAT WAS THE RESPONSE?**

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**PLEASE DESCRIBE HOW YOU WOULD LIKE TO SEE THE MATTER RESOLVED:**

**WOULD YOU BE WILLING TO TESTIFY AT A HEARING?**  Yes  No

**ADDITIONAL COMPLAINT DETAIL:**

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**SIGNATURE BLOCK**

The information contained herein and all enclosed documents are true and correct to the best of my knowledge. I understand that I may be required to testify at a hearing and that a copy of my complaint will be made available to the person or company against whom it is filed. I also understand that neither the Texas Department of Savings and Mortgage Lending nor any of its officers or employees can act or will act as my legal representative or attorney.

\_\_\_\_\_  
Signature of Complainant

Date

\_\_\_\_\_  
Signature of Complainant

Date