



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF BANKING AND SECURITIES
550 W. 7TH AVE., SUITE 1850, ANCHORAGE, AK 99501
TELEPHONE (907) 269-4584

INFORMATION ABOUT THE COMPLAINT PROCESS

The State of Alaska Department of Commerce accepts signed, written complaints against mortgage brokers, originators, and money transmitter licensees. The Department does not accept complaints over the telephone or unsigned complaints by electronic mail because the Department requires a person's signed written complaint which establishes reasonable cause for an investigation before the Department is authorized to investigate the complaint.

The Department does not resolve commission or employment disputes between its licensees. The Department does not have the powers of a Court and cannot enforce, interpret, modify, rescind or cancel contracts, or order the return of deposits or other money. If you have this kind of complaint or are requesting this relief, you must contact your attorney to seek relief. We do not give private legal advice or opinions or act as your personal attorney or legal representative. Attached is a complaint form. If you wish to file a complaint with the Department, please complete the form and sign the complaint. **DO NOT SEND ORIGINALS**

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 notice 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. 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 Alaska, against the licensee(s) or registrant(s) in question.

It is not necessary to file a complaint with the Department to proceed with a civil suit. Please note that the Department maintains the Mortgage Recovery Fund to assist consumers who have obtained a civil (monetary) judgment against a mortgage broker or originator who cannot pay the judgment. Not all claims are compensable and a court must order the payment of a claim from the Recovery Fund before the Department may do so.

Please retain this information for future reference.

**ALASKA MORTGAGE LENDING/MONEY TRANSMITTER
COMPLAINT FORM**

Please mail all correspondence to:
STATE OF ALASKA
Division of Banking & Securities
550 W. 7th Avenue, Suite 1850
Anchorage, Alaska 99501

COMPLAINT REGARDING:

Mortgage Broker Mortgage Lender Mortgage Originator Money Transmitter

YOUR CONTACT INFORMATION:

(Name)

(Address)

(Telephone: Work) _____
(Telephone: Home) _____
(Telephone: Cell)

(E-mail Address)

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE MORTGAGE BROKER, ORIGINATOR, OR MONEY TRANSMITTER AGAINST WHOM YOU ARE COMPLAINING:

(Name) _____
(Company)

(Physical Address)

(Telephone: Work) _____
(License Number or Registration Number if known)

(Date(s) of Transaction)

HAVE YOU FILED A COMPLAINT AGAINST THIS PERSON OR COMPANY WITH ANOTHER AGENCY?
 YES NO

(If Yes, which agency)

(What Action Has Been Taken by the Other Agency?)

DO YOU HAVE AN ATTORNEY REPRESENTING YOU IN THIS MATTER? YES NO

(If Yes, provide Attorney's Name)

(Attorney Address)

(Attorney Telephone Number)

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:

_____	_____	_____
(Name)	(Address)	Phone Number)
_____	_____	_____
(Name)	(Address)	Phone Number)
_____	_____	_____
(Name)	(Address)	Phone Number)

COMPLAINT DETAIL: Please describe the facts involving the alleged violation of the regulations and 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 and provide a copy of any materials (documents, receipts, etc.) relevant to your complaint.

HAVE YOU PREVIOUSLY NOTIFIED THE PERSON OR COMPANY NAMED ON PAGE ONE ABOUT YOUR COMPLAINT? YES NO

HOW DID YOU NOTIFY THEM? WRITTEN ORAL

(What was the response?)

WOULD YOU BE WILLING TO TESTIFY AT A HEARING? YES NO

AFFIDAVIT

State of _____ City/Borough of _____

I, _____ hereby state under penalty of unsworn falsification: That I am the complainant in the named above and to the best of my knowledge and belief, this statement is true and correct.

Signature of Complainant: _____

Date: _____

AS 11.56.210(a)(2) of the Alaska Statutes makes it a class A misdemeanor of offense for a person to intentionally issue a false written or recorded statement, which is punishable by imprisonment for not more than one (1) year, a \$5,000 fine, or both.

RECORDS RELEASE/DISCLOSURE AUTHORIZATION

To:

(Division Use Only)

I,

(Individual's Printed Name)

hereby authorize the Alaska Division of Banking and Securities and its investigators to examine all records and discuss them with any persons having possession of them. I expressly permit, and authorize the release of all requested records which were created before the date of my signature and all records. This authorization shall remain valid until the Division completes its investigation and proceedings arising out of the investigation. I also authorize you to provide copies of these records to the Division and its investigators.

I hereby authorize the Division to discuss these records with persons or organizations, which are considered appropriate by the Division in connection with an official investigation, and to provide copies of these records to those persons or organizations if appropriate. This release specifically includes the Office of the Attorney General, State of Alaska.

I request that upon presentation of this release, or a photocopy reproduction of this release, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General, of the State of Alaska.

I understand that I have the right to revoke this release at anytime except to the extent that the party disclosing these records has already acted in reliance on it. This release is given in connection with an official Division investigation.

(Individual's Printed Name)

(Signature of Complainant)

(Date)

(Address of Complainant)

(Phone)