

Consumer Credit Division

Mortgage Industry Complaint Form

Financial and Consumer Affairs Authority Consumer Credit Division	COMPLAINT FORM MORTGAGE BROKERING AND ADMINISTRATION ACTIVITIES	Suite 601, 1919 Saskatchewan Dr. Regina, SK S4P 4H2 Phone: (306) 787-6700 Fax: (306) 787-9006 E-mail: fid@gov.sk.ca
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To assist our review, please complete this form and include all information you have to support your complaint. You may attach additional information or documents. Please return this form by regular mail or fax to the above address.

ABOUT US

The Superintendent of Financial Institutions regulates mortgage brokering and mortgage administration activities in Saskatchewan pursuant to *The Mortgage Brokerages and Mortgage Administrators Act* and the previous legislation, *The Mortgage Brokers Act* (the “legislation”). As a financial services regulator, one of the Superintendent’s responsibilities is to protect the public interest by ensuring compliance with the legislation. The Superintendent’s ability to resolve complaints is limited, however, to remedies prescribed by the legislation. You may have other remedies available to you through civil action or other regulatory agencies.

Any remedies provided by the legislation are in addition to other remedies which may be available to you by civil action through the courts. These remedies may be available regardless of the results of the Superintendent’s inquiry or investigation.

COMPLAINANT INFORMATION		For office use only: FILE # _____	
Last name	First Name	Middle name/Initial	
Street Address Apt./Unit	City	Province	POSTAL CODE
Phone Number (home) _____ (work) _____ Ext. _____	Fax Number _____		Email address _____
Preferred method of contact <input type="radio"/> Phone	<input type="radio"/> Email		<input type="radio"/> Letter
When is the best time during office hours to contact you?	How did you find out about us?		

If you are complaining on behalf of someone else, provide their contact information below.				
ADDITIONAL CONTACT INFORMATION				
Last name	First Name	Middle name/Initial		
Street Address Apt./Unit	City	Province	POSTAL CODE	
Phone Number (home) _____ (work) _____ Ext. _____	Fax Number _____		Email address _____	
Preferred method of contact <input type="radio"/> Phone	<input type="radio"/> Email		<input type="radio"/> Letter	

THE COMPLAINT		
Business or individual the complaint is about: Name	Who have you dealt with there? Provide all names, phone numbers, etc. NAME/Title TELEPHONE	
Address		
Telephone		
DATE OF CONTRACT OR COMPLAINED OF ACTION:	DATE OF LOSS if known, or best estimate:	FOR OFFICE USE ONLY Governing Act:
Provide a brief description of your complaint including relevant dates. Attach supporting documents where possible. (if more space is needed, attach a separate sheet)		
If your complaint is about a contract, or account dealt with by this business, what is the ACCOUNT OR CONTRACT NUMBER:		

STATUS OF THE COMPLAINT
Please list any steps you have taken to resolve the matter. If you have not, explain why not:
If you discussed your complaint with a representative of the business, provide their name(s), the date, and the details of the discussion. If you submitted a written complaint, please attach a copy.

If you submitted a written complaint, <i>The Mortgage Brokerages and Mortgage Administrators Act</i> requires the business to provide you with a written response. Did you receive a written response from the business?	<input type="radio"/> Yes <input type="radio"/> No
If you received a written response, attach a copy. If you have not attached a copy, please explain why:	<input type="radio"/> Attached <input type="radio"/> Not Attached <input type="radio"/> N/A
Have you commenced legal action? If yes, please explain.	<input type="radio"/> Yes <input type="radio"/> No
Please provide your lawyer's contact information. By doing so you grant us permission to contact your lawyer to discuss this complaint:	

REMEDY SOUGHT
What do you consider to be a fair resolution of your complaint?
If you consider this matter to be urgent, please explain why, including any relevant dates:

NOTIFICATION AND CONSENT		
Personal information provided on this form is being collected by the Superintendent of Financial Institutions in order to review and/or investigate your complaint. Any personal information you provide will be used principally for this purpose. The rules which govern the Superintendent's collection, use and disclosure of this information are found in the legislation referred to above and <i>The Freedom of Information and Protection of Privacy Act</i> .		
By signing below, you consent to the Superintendent disclosing any information that you supply in relation to your complaint, to the following parties:		
<input type="radio"/> The party about whom you have complained; <input type="radio"/> Government ministries; <input type="radio"/> Self-regulating organizations; <input type="radio"/> Law enforcement agencies; and <input type="radio"/> Investigative bodies.		
If there are any parties listed above that you do not wish to receive your personal information, please identify those here:		
I hereby authorize the Superintendent of Financial Institutions to use and disclose the information I provide about my complaint, limited only as outlined above.		
Name (please print)	Signature	Date(yyyy/mm/dd)