

Consumer Credit Division

Payday Loan Complaint Form

File No. _____
(Office Use Only)

Payday Loan Complaint Form

The Director requests that you attempt to resolve complaints with the lender or loan broker before filling out and forwarding this form. 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 submit your completed form by mail, fax or email to the above address.

The Director of the Consumer Credit Division regulates payday lenders in Saskatchewan pursuant to *The Payday Loans Act* (the “legislation”). As a regulator, one of the Director’s responsibilities is to protect the public interest by ensuring compliance with the legislation. The Director’s ability to resolve complaints is limited to remedies prescribed by the legislation. You may have other remedies available to you by way of a civil action or other regulatory agencies. Any remedies provided by the legislation are in addition to remedies that may be available to you through civil action through the courts. These other remedies may be available to you regardless of the results of the Director’s inquiry or investigation.

1. **Complainant:** please indicate with a star (*) your preferred contact method during office hours.

Full Name: _____

Address: _____
Street Address, Apt # City/Town, Province Postal Code

Telephone Numbers: _____
Home Work Cellular

Email Contact: _____
Home Work Other

2. **Other Contact:** *Please provide the information for another contact person, only if you want the Division to correspond with someone other than the complainant.*

Full Name: _____

Address: _____
Street Address, Apt # City/Town, Province Postal Code

Telephone Numbers: _____
Home Work Cellular

Email Contact: _____
Home Work Other

3. **Complaint Information:** this complaint is about:

Lender: _____

Manager's Name: _____
Please list the names of persons you spoke to in the company, if known.

Address: _____
Street Address, Apt # City/Town, Province Postal Code

Telephone Numbers: _____

Email Contact (*if known*): _____

4. **Complaint is Regarding:**

- | | |
|--|--|
| <input type="checkbox"/> Loan Agreement | <input type="checkbox"/> PAD Agreement |
| <input type="checkbox"/> Loan Cancellation | <input type="checkbox"/> Collections Actions |
| <input type="checkbox"/> Other: _____ | |

Provide a brief description of your complaint including relevant dates. If more space is needed, attach a separate sheet.

Date of contract or complained of action: _____

Account and/or Contract number: _____

Description:

5. **Complaint Status:** Have you discussed your complaint with a staff member and/or manager for the payday lender?

- Yes (describe below) No (please explain why not)

Please indicate the name of the person you spoke to, the date(s), the details and results of the discussion. If more space is needed, attach a separate sheet. If you have not discussed this with the lender, please explain why you have not done so.

6. **Remedy Sought:** What do you consider to be a fair resolution of your complaint?

7. **Documentation Required:**

Attach copies of your account statements and/or loan agreements (as applicable) and copies of any correspondence or other papers in your possession which may be of assistance, including any letter(s) you may have sent to or received from the payday lender.

Have you completed all items 1 to 6 on this form and attached the documentation required in item 7?

Notification and Consent

Personal information provided on this form is collected by the Director of the Consumer Credit Division in order to review and/or investigate your complaint. Any personal information you provide will be used principally for this purpose, however the Director is authorized by legislation to use or disclose personal information received from a complaint for other purposes. The rules which govern the Director's collection, use and disclosure of personal information are found in *The Payday Loans Act* and *The Freedom of Information and Protection of Privacy Act*.

By signing below, you consent to the Director disclosing the personal information contained in the complaint form and any additional information that you supply in relation to your complaint to the following parties:

- The party about whom you have complained;
- Government ministries, agencies, boards or commissions;
- Self regulating organizations;
- Law enforcement agencies; and
- Investigative bodies.

I hereby authorize the Director of the Consumer Credit Division to use and disclose the information I have submitted about my complaint as outlined above.

_____	_____
Date	Name (please print)
_____	_____
	Complainant's Signature

	Signature of Individual Completing Form (if other than Complainant)

Please note that if you are submitting this form on behalf of a complainant, the complainant must sign this authorization form.

Print out and return your completed, signed complaint form and authorization form by facsimile, mail, hand delivery or scan and email, to the Consumer Credit Division at the address indicated on the top of the complaint form.