

**OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION AND ANTITRUST BUREAU
33 CAPITOL STREET
CONCORD, NEW HAMPSHIRE 03301
Tel.: (603) 271-3641
Fax: (603) 223-6202
Toll Free: (888) 468-4454
Email: DOJ-CPB@doj.nh.gov**

Thank you for contacting the Consumer Protection and Antitrust Bureau (“the Bureau”). Attached is a copy of the Bureau’s Consumer Complaint Form. The Bureau requires that all complaints be submitted in writing, in order to be fully and formally evaluated.

Please complete the Mortgage Complaint Form and attach to it photocopies of all documentation which supports your claim. Please save this first page for your records.

Your complaint will be read and reviewed in the order it was received. A paralegal and an attorney will review your complaint, and you will be notified in writing regarding any assistance we may be able to offer you.

A file number will be assigned to your case. Ordinarily, we review and assign a file number to a complaint within three weeks of receiving it. However, this timetable may vary according to the volume of complaints being processed at any given time. Your patience is appreciated, as the Bureau receives over 3,000 complaints or inquiries and approximately 26,000 phone calls per year.

Possible actions by the Bureau may include referral to the lender/servicer pursuant to certain settlement agreements with certain institutions or referral to another state agency better able to address the subject of your complaint. If we determine that your complaint is not within the Bureau’s jurisdiction or is otherwise beyond our ability to assist you, we may recommend you contact a private attorney or pursue an action in court.

Please put any follow-up correspondence or inquiries in writing and reference your assigned file number.

Thank you for the opportunity to assist you. Your concerns are important to the Bureau.

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CONSUMER MORTGAGE COMPLAINT FORM

Please type or print neatly. Answer all questions as completely as possible. Attach copies of all relevant documents to your complaint.

Consumer Information

Mr. Ms. Mrs. Name: _____

Contact Address: _____

Home Telephone: _____ Work Telephone: _____

E-mail (If You Check it Regularly) _____

Address of Mortgaged Property: _____

Complaint Against (Business Address Required):

Name: _____

Address: _____

Telephone: _____

Internet Web Address: _____

General Information

Account or Mortgage Number: _____

1) Have you contacted any other agency? Yes ____ No ____

If yes, please provide agency's name and address: _____

11) May we contact the business? Yes ____ No ____

Please Note: If you answer no, the Bureau will not mediate your complaint. If you answer yes and we contact the business, your name will be disclosed.

