



Making Mortgages Better.™

radius financial group inc.

consumer complaint form

Contact Information

first name: _____ last name: _____

street address: _____

city: _____ state: _____ zip code: _____

phone: _____ email: _____

What is the best way to contact you? _____

What is the best time to contact you? Morning Afternoon Evening

Complete the following portion only if you want us to communicate with your attorney or other legal representative directly. **Your submission of this portion of the form authorizes us to release information to your attorney or other legal representative if requested.**

Attorney Legal Representative

Representative Contact Information

first name: _____ last name: _____

street address: _____

city: _____ state: _____ zip code: _____

phone: _____ email: _____

What is the best way to contact your representative? _____

What is the best time to contact your representative? Morning Afternoon Evening

Privacy Act Statement

At your request, we are initiating a review of your account, which will include a review of your personal information, including but not limited to, your personal account with our institution or any affiliates, your personally identifying information, and any other private information required to respond sufficiently to your request. We respect your privacy and will not share the information you have provided or any information we obtain in connection with responding to your complaint with parties not authorized to receive the information, except as allowed by applicable law.

By submitting this complaint, you either request or authorize us to review your personal information included on this form and contained in other records in order to investigate and respond to your submitted complaint.

If you included information regarding a legal representative or attorney above, we assume you consent to us communicating with your representatives and releasing information to such individuals or entities as is necessary to respond to your complaint. By including the representative information above, you consent to us contacting your authorized representative on your behalf to communicate any information necessary to sufficiently respond to your complaint.

Certification

By signing below, you certify that the information provided on this form is true and correct to the best of your knowledge.

signature: _____

date: _____

We will send you an acknowledgement of receipt with five (5) days of the date that we receive your submission.

Submit Your Complaint

By Mail: 600 Longwater Drive, Suite 107
Norwell, MA 02061

By Fax: 781.234.1530

By Email: advocacy@radiusgrp.com