

FINANCIAL REGULATION WHISTLEBLOWER FORM

The Commissioner of Financial Regulation (“Commissioner”) is responsible for supervising Maryland state-chartered banks, credit unions, and non-depository trust companies (collectively “Institutions”) and for supervising entities providing the following financial services to Maryland consumers, including, consumer and installment lenders (including “payday” lenders), sales finance companies, mortgage brokers, lenders, servicers, and loan originators, check cashing services, money transmitters, debt management businesses, credit reporting agencies and credit services businesses (collectively “Licensees”). The State Collection Agency Licensing Board is responsible for supervising collection agencies (“Board Licensees”).

Maryland does not have a whistleblower statute and the Commissioner, other than acknowledging receipt cannot communicate any information regarding a whistleblower submission. The Commissioner does not compensate whistleblowers.

Before you begin:

To determine if the financial entity is supervised by the Commissioner, please see our regulated financial service providers search page www.labor.maryland.gov/finance/industry/licsearch.shtml.

NOTE: If you believe that the party who is the subject of your whistleblower submission should be licensed by the Commissioner, and is not licensed, please file a complaint with the Commissioner.

Instructions:

This is a fillable PDF form which means you may complete this form electronically. If you decide to complete the form manually, please print the form, and print your information clearly. Please use ink and do not use a pencil to fill out your form. This is **NOT** an online form; you must submit your whistleblower submission by one of the means listed below.

Please enclose copies (**NOT ORIGINALS**) of documents (contracts, account statements, letters, bills, receipts, checks, etc.,) that relate to your whistleblower submission. Deliver your completed whistleblower form and relating documents by one of the following methods:

BY E-MAIL: Please send, along with attachments to CSU.Complaints@maryland.gov.

BY MAIL: Office of Financial Regulation
100 S. Charles Street, Tower 1, Suite 5300
Baltimore, MD 21201
Attention: Consumer Services Unit

IN-PERSON: Appointments are available to hand-deliver documents or for virtual meetings with Financial Regulation staff. To schedule an appointment online, please visit the Office's [online scheduling system](#).

BY FAX: Use the following fax number 410-333-3866 (Please mark your fax to the attention of the Consumer Services Unit).

Your whistleblower submission will be assigned to an Examiner who will handle your submission and who will reach out to you shortly after being assigned to your submission.

Should you have any questions regarding the Commissioner's whistleblower submission process, do not hesitate to contact the Consumer Services Unit at 410-230-6077 or Toll Free at 888-784-0136 or visit the Commissioner's webpage at: www.labor.maryland.gov/finance.

Financial Regulation Whistleblower Form

Before you submit or mail your whistleblower submission:

Proofread the information you have provided and make sure it is correct. Please attach additional pages if needed.

Enclose copies **(NOT ORIGINALS)** of documents that relate to your whistleblower submission.

Whistleblower Information

Your name and contact information are optional, but preferred should we need to contact you with additional questions and/or get needed clarification.

Your Name (optional)

☐

Mr.

☐

Ms.

Email

Home Phone #

Cell Phone #

Work Phone #

Fax #

Street Address

City

State

Zip

Institution Information

Name of the Institution

Address of the Institution

City

State

Zip

How are you affiliated with the institution?

Date(s) of Incident/Situation (or date you became aware of incident/situation).

Is the incident/situation resolved or currently an active matter?

☐

Active

☐

Inactive

Name(s) of Individual(s) at Institution Involved in Incident/Situation

What is the Incident/Situation (please provide detailed and accurate information)?

How did you learn of the Incident/Situation?

What is your involvement in the Incident/Situation?

What is the concern and/or issue that you have regarding the Incident/Situation?

What is your perceived urgency of the matter?

Are others associated with the Institution aware of the situation? ☐ Yes ☐ No **If yes, who is aware?**

Has the situation been reported internally at the Institution? ☐ Yes ☐ No **If yes, to whom?**

Have you provided this information to another agency? ☐ Yes ☐ No **If yes, to what agency(ies)?**

What outcome do you expect from that agency?

Have you spoken with anyone else regarding the incident/situation?

☐

Yes

☐

No

If yes and the report is not anonymous, who did you speak with and when?

What other information do you want to provide regarding the incident/situation that has not been provided?

*****Please provide copies of supporting documentation of the incident/situation.*****

Your signature is optional.

Signature

Date