



FEDERAL RESERVE CONSUMER HELP Consumer Complaint Form

Step 1 - Contact Information | Step 2 - Institution Information | Step 3 - Complaint

* Required Fields

FR 1379c
OMB No. 7100-0135
Approval expires ~~May 31, 2014~~
[March 31, 2014](#)

Prefix	<input type="text"/>
* First Name	<input type="text"/>
* Last Name	<input type="text"/>
* Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip Code	<input type="text"/>
* Country	<input type="text" value="United States"/>
Email Address	<input type="text"/>
* Phone Number	<input type="text"/>
Alternate Phone	<input type="text"/>
* Contact Preference	<input type="text" value="Select your preference"/>

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Representative Contact

Is a third party, such as an attorney or other legal representative, submitting this complaint on your behalf?

Yes No

{The section below appears only if 'yes' is selected above}

By selecting 'Yes', you legally authorize the Federal Reserve System to release information to and communicate directly with the party named below and for that party to act on your behalf in the processing of this complaint.

Prefix	<input type="text"/>
* First Name	<input type="text"/>
* Last Name	<input type="text"/>
* Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip Code	<input type="text"/>
* Country	<input type="text" value="United States"/>
Email Address	<input type="text"/>
* Phone Number	<input type="text"/>
Alternate Phone	<input type="text"/>







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Provide as much information as possible about the bank or financial institution.

* Institution Name	<input type="text"/>	
Account/Product Type	<input type="text"/>	
Routing Number	<input type="text"/>	
Address/Location	<input type="text"/>	
* City	<input type="text"/>	
* State	<input type="text"/>	
Zip Code	<input type="text"/>	
* Country	United States	
Email Address	<input type="text"/>	
Phone Number	<input type="text"/>	

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*** Complaint** - To help us get the investigation process started, provide a brief description of the complaint including dates and the names of those you dealt with. *Do NOT include any personal information such as account numbers or Social Security numbers.*

In order to protect the integrity of your complaint and for security purposes, limited special characters are allowed in your description. They include: ? - \$! . , ; ; () % & ' / "

characters remaining for your description.

How can your complaint be satisfactorily addressed?

characters remaining for your description.

~~How did you learn about *Federal Reserve Consumer Help*? Check all that apply.~~

- ~~Federal Reserve website/other website/search engine~~ specify:
- ~~Bank/financial services company/consumer brochure~~ specify:
- ~~Referral from another federal/state agency~~ specify:
- ~~Friend/relative/newspaper/magazine article/other~~ specify:

Review our [Privacy Act Statement](#).

PAPERWORK REDUCTION ACT NOTICE

This form is authorized by law (15 U.S.C. §57(a)(f)(~~4~~)) and is voluntary.

Public reporting burden for this information collection is estimated to average ~~ten~~¹⁰ minutes per response. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, N.W., Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0181), Washington, DC 20503.