



# Credit Card Complaint Form

You should fill out this form if you have a complaint about a credit card. The more information you provide in this form, the better we will be able to understand the issues involved in your complaint. Please fill in this form completely and mail or fax to:

The Consumer Financial Protection Bureau  
[Address]  
Washington, DC [Zip Code]  
FAX: [Fax Number]

**Please Note:**

- Keep a copy of your completed form for your records. Once we receive your form, we will provide you with a case number. Keep this case number for future contact with the CFPB.
- You can choose to submit information anonymously or to have none of the information you provide sent to the company, but the CFPB may not be able to take action on your complaint. We will include the information you provide in our database for analysis and to help with supervisory and other efforts.
- If you are filing a complaint on behalf of someone else, we may need this person’s signed, written permission to take action on this complaint. Except where noted, all items refer to the consumer with the complaint.
- Review the Privacy Act Statement found on the last page of this form.
- We cannot act as a court of law or as a lawyer on your behalf and we cannot give you legal or financial advice.

**1) What happened?** Share your story. Please describe your complaint. Include facts about what happened and any steps you have taken to resolve the complaint.

[Large grey rectangular area for writing the complaint details]

**2) Is this about something that happened to you or someone you know?**  Yes  No

If you are filing on behalf of someone else, know that the CFPB may need this person’s signed, written permission to take action on this complaint.

**3) Is this about something you observed while working for a financial institution or financial service provider?**  Yes  No

**4) Do you want us to send some of the information you provide to the credit card company?**  Yes  No

The CFPB may send some of the information you enter to the credit card company identified later in this form. If you do not want us to send any information to the credit card company, we may not be able to take action on your complaint. We will include the information you have provided in our database for analysis and to help with supervisory and other efforts.

**5) Do you want to submit this form to CFPB anonymously?**  Yes  No

Without your contact information, CFPB will not be able to communicate with you and may not be able to take action on the complaint. We will include the information you provide in our database for analysis and to help with supervisory and other efforts.

**6) Is this about a credit card account you have or used to have?**  Yes  No

7) The issue with this credit card is: *Check all that apply.*

<input type="checkbox"/> <b>Advertising/Marketing Practices</b>	<input type="checkbox"/> Unclear or Deceptive Mail Solicitation	<input type="checkbox"/> Unclear or Deceptive TV, Newspaper or Radio Ad
	<input type="checkbox"/> Unclear or Deceptive Telephone Solicitation	<input type="checkbox"/> Unwanted Mail Solicitation
	<input type="checkbox"/> Unwanted Telephone Solicitation	
<input type="checkbox"/> <b>Application/Processing Delay</b>	<input type="checkbox"/> Failure to Receive a Response	
<input type="checkbox"/> <b>APR/Interest Rate</b>	<input type="checkbox"/> Increase in APR on an Existing Balance	<input type="checkbox"/> APR Too High/Different Than Expected/Offered
	<input type="checkbox"/> Increase in APR on New Purchases	<input type="checkbox"/> Increase in APR After Introductory Rate Period
	<input type="checkbox"/> APR Not Reduced Back to Original Rate	<input type="checkbox"/> Failure to Reduce APR
	<input type="checkbox"/> Failure to Reduce APR While Servicemember Deployed	
<input type="checkbox"/> <b>Arbitration</b>		
<input type="checkbox"/> <b>Balance Transfer</b>	<input type="checkbox"/> Balance Transfer Declined	<input type="checkbox"/> Only Partial Balance Transferred
	<input type="checkbox"/> Balance Transfer Delayed/Took Too Long	
<input type="checkbox"/> <b>Bankruptcy</b>		
<input type="checkbox"/> <b>Billing Disputes</b>	<input type="checkbox"/> Dispute a Charge on Bill	
<input type="checkbox"/> <b>Billing Statement Issues</b>	<input type="checkbox"/> Erroneous/Unauthorized Charge	<input type="checkbox"/> Unrecognized Charge
	<input type="checkbox"/> Credit Not Applied	<input type="checkbox"/> Miscalculation of Finance Charges
	<input type="checkbox"/> Other Information on Statement Confusing or Incorrect	<input type="checkbox"/> Payments Misapplied
	<input type="checkbox"/> Statement Not Received	
<input type="checkbox"/> <b>Cash Advances</b>	<input type="checkbox"/> Cash Advance Declined	<input type="checkbox"/> Incorrect Cash Advance APR Charged
<input type="checkbox"/> <b>Claims and Defenses Against Issuer</b>		
<input type="checkbox"/> <b>Closing/Cancelling Account</b>	<input type="checkbox"/> Bank Closure (Involuntary)	<input type="checkbox"/> Bank Failed to Recognize Customer Requested Closure (Voluntary)
<input type="checkbox"/> <b>Collection Debt Dispute/Authentication</b>		
<input type="checkbox"/> <b>Collection Practices</b>		
<input type="checkbox"/> <b>Convenience Checks</b>		
<input type="checkbox"/> <b>Credit Determination</b>	<input type="checkbox"/> Credit Line Too Low/Different from Expected	<input type="checkbox"/> Application Declined/Reasons for Decline
<input type="checkbox"/> <b>Credit Card Payment/Debt Protection</b>	<input type="checkbox"/> Cancelled Payment Protection - Amount Still Charged	<input type="checkbox"/> Incorrect Monthly Amount Charged
	<input type="checkbox"/> Never Signed Up/Approved Enrollment in Program	<input type="checkbox"/> Program Disclosures Misleading/Confusing
	<input type="checkbox"/> Eligibility Requirements to Receive Benefits	<input type="checkbox"/> Length of Benefit Period Too Short
	<input type="checkbox"/> Payment of Benefits	
<input type="checkbox"/> <b>Credit Line Increase/Decrease</b>	<input type="checkbox"/> Credit Line Increase Declined	<input type="checkbox"/> Credit Line Involuntarily Decreased
	<input type="checkbox"/> Unwanted/Unrequested Credit Line Increase	
<input type="checkbox"/> <b>Credit Reporting</b>	<input type="checkbox"/> Information Provided to Credit Bureau	<input type="checkbox"/> Use of Credit Report by Card Issuer
<input type="checkbox"/> <b>Customer Service/Customer Relations</b>	<input type="checkbox"/> Incorrect/Invalid Information Provided	<input type="checkbox"/> Rude Service
	<input type="checkbox"/> Extremely Long Hold Times	<input type="checkbox"/> Customer Service Failed to Return Call/Follow-up
<input type="checkbox"/> <b>Delinquent Account</b>		
<input type="checkbox"/> <b>Fees—Balance Transfer Fee</b>	<input type="checkbox"/> BT Fee Too High/Different Than Expected/Offered	<input type="checkbox"/> BT Fee Inappropriately Assessed
<input type="checkbox"/> <b>Fees—Cash Advance Fee</b>	<input type="checkbox"/> Cash Advance Fee Too High/Different Than Expected/Offered	<input type="checkbox"/> Cash Advance Fee Inappropriately Assessed
<input type="checkbox"/> <b>Fees—Late Fee</b>	<input type="checkbox"/> Late Fee Too High/Different Than Expected/Offered	<input type="checkbox"/> Late Fee Inappropriately Assessed
<input type="checkbox"/> <b>Fees—Other</b>	<input type="checkbox"/> Other Fees (Returned Check, Payment by Phone, Etc.)	
<input type="checkbox"/> <b>Fees—Overlimit</b>	<input type="checkbox"/> Overlimit Fee Too High/Different Than Expected/Offered	<input type="checkbox"/> Overlimit Fee Inappropriately Assessed
<input type="checkbox"/> <b>Financial Info</b>		
<input type="checkbox"/> <b>Forbearance/Workout Plans</b>		
<input type="checkbox"/> <b>Identity Theft/Fraud/Forgery/Embezzlement</b>		
<input type="checkbox"/> <b>Payoff Process</b>		
<input type="checkbox"/> <b>Privacy</b>	<input type="checkbox"/> Providing Information to Unauthorized Persons	
<input type="checkbox"/> <b>Rewards</b>	<input type="checkbox"/> Forfeiture of Points	<input type="checkbox"/> Issues with Points Redemption
	<input type="checkbox"/> Amount of Rewards Earned Too Low/Different Than Expected	
<input type="checkbox"/> <b>Sale of Account</b>		
<input type="checkbox"/> <b>Transaction Issue</b>	<input type="checkbox"/> Transaction Not Processed/Rejected/Declined	
<input type="checkbox"/> <b>Unsolicited Issuance</b>		
<input type="checkbox"/> <b>Other:</b> _____		

8) Do you believe the issue involves discrimination?

Yes  No  Don't Know

If yes, check the basis for the discrimination below:

- |  |   |
|--|---|
| <input type="checkbox"/> Discrimination Based on Age   | <input type="checkbox"/> Discrimination Based on Receipt of Public Assistance |
| <input type="checkbox"/> Discrimination Based on Marital Status  | <input type="checkbox"/> Discrimination Based on Religion                     |
| <input type="checkbox"/> Discrimination Based on National Origin   | <input type="checkbox"/> Discrimination Based on Sex                          |
| <input type="checkbox"/> Discrimination based on Race  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Discrimination Based on Exercise of Rights Under Consumer Credit Protection Act |   |

9) When did this happen? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  Don't Know

10) Estimate the total dollar value of your loss based on what you know right now. \$ \_\_\_\_\_

11) What do you think would be a fair resolution of this issue?

[Greyed out response area]

12) Credit Card Account Number: \_\_\_\_\_

The CFPB uses unique information about this credit card account to determine which company you are complaining about and to help make sure the company reviews the correct account. The CFPB uses your credit card number only for these purposes. We will never ask for your expiration date or the security code on the back of your credit card. The more information you provide, the faster we are able to process this form and take action on this complaint.

13) Information about the Credit Card Issuer

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Website: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_

14) Have you done any of these things to try to resolve this issue? Check all that apply.

- Contacted credit card issuer
- Contacted Consumer Financial Protection Bureau
- Contacted another government agency
- Retained attorney
- Filed legal action
- Other: \_\_\_\_\_

15) If you have done other things, please provide details, such as the names of any government agencies contacted and the dates they were contacted and any case numbers, contact information, current status, etc.

[Greyed out response area]

**16) I am filling out this form on behalf of:**

If you are filing on behalf of someone else, please know that the CFPB may need this person’s signed, written permission to take action on this issue.

- Myself
- Myself and Someone Else
- Someone Else

**17) COMPLETE THIS SECTION ONLY IF FILING ON BEHALF OF SOMEONE ELSE**

What is your relationship to this person? \_\_\_\_\_  
Salutation (Mr., Mrs., Ms., Dr., etc.): \_\_\_\_\_

**Please provide us with your name and contact information:**

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Suffix (Jr., Sr., etc.): \_\_\_\_\_  
Mailing Address 1: \_\_\_\_\_  
Mailing Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code/APO/FPO: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_  
Is this a mobile phone?:  Yes  No  Don't Know  
Alternate Phone Number: \_\_\_\_\_  
Is this a mobile phone?:  Yes  No  Don't Know  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Country: \_\_\_\_\_

**18) Account Contact Information** Enter the name(s) and address associated with this credit card account.

Salutation (Mr., Mrs., Ms., Dr., etc.): \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Suffix (Jr., Sr., etc.): \_\_\_\_\_

Salutation (Mr., Mrs., Ms., Dr., etc.): \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Suffix (Jr., Sr., etc.): \_\_\_\_\_

**Billing Address**

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code/APO/FPO: \_\_\_\_\_  
Country: \_\_\_\_\_

For multiple names, what is the relationship of these people to each other? \_\_\_\_\_

**Mailing Address** (if different from Billing Address)

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code/APO/FPO: \_\_\_\_\_  
Country: \_\_\_\_\_

**19) Other Contact Information and Communication Preferences**

Primary Phone Number: \_\_\_\_\_  
Is this a mobile phone?:  Yes  No  Don't Know  
Alternate Phone Number: \_\_\_\_\_  
Is this a mobile phone?:  Yes  No  Don't Know  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Best Way to Contact:  
 Email  Text  Phone  Mail  Fax  
Best Time to Contact:  
 8am - Noon ET  Noon - 4pm ET  4pm - 7pm ET  
Preferred Language: \_\_\_\_\_

**20) Create a Password** If you provide us with an email address in Item 19, you can view the status of this complaint on CFPB’s website ([www.consumerfinance.gov](http://www.consumerfinance.gov)). Your email address will be your username. Do not use the same password you use to log in to this email account. The password must include at least one capital letter and a number or special character. \_\_\_\_\_

## Optional Information

What is your age? \_\_\_\_\_ years  Prefer Not to Answer

Is this complaint for a servicemember or dependent of a servicemember?  Yes  No

### COMPLETE THIS SECTION ONLY IF COMPLAINT IS FOR A SERVICEMEMBER OR DEPENDENT OF A SERVICEMEMBER

- I am or was a servicemember  
 I am a dependent of a servicemember

#### Servicemember's Name:

Salutation (Mr., Mrs., Ms., Dr., etc.): \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix (Jr., Sr., etc.): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code/APO/FPO: \_\_\_\_\_

Country: \_\_\_\_\_

What is the servicemember's status?

- Active  Retired  
 Reserve  Veteran  
 National Guard

What is the servicemember's branch of service?

- Army  Coast Guard  
 Navy  Public Health Service  
 Marines  National Oceanic and  
Atmospheric Administration  
 Air Force

What is the servicemember's rank?

- E1-E4  O1-O3  W01-CW5  
 E5-E7  O4-O6  
 E8-E9  O7-O10

## Privacy Act Statement

The information that you provide will permit the Consumer Financial Protection Bureau to respond to consumer complaints and inquiries regarding practices by banks and other institutions supervised by the Consumer Financial Protection Bureau. The information may be disclosed:

- to an entity that is the subject of your complaint if you agree to this in your answer to Question 4;
- to a court, magistrate or administrative tribunal in the course of a proceeding;
- to third parties to the extent necessary to obtain information that is relevant to the resolution of a complaint;
- for enforcement, statutory, and regulatory purposes;
- to another federal or state agency or regulatory authority;
- to a member of Congress; to the Department of Justice, a court, an adjudicative body or administrative tribunal, or a party in litigation; and
- to contractors, agents, and others authorized by the Consumer Financial Protection Bureau to receive this information.

This collection of information is authorized by 12 U.S.C. § 5493.

You are not required to file a complaint or provide any identifying information, and you may withdraw your complaint at any time. However, if you do not provide the requested information, the Consumer Financial Protection Bureau may not be able to take action on your complaint fully.

## Notice of Consumer Information Collection

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid control number assigned by the Office of Management and Budget (OMB). The OMB control number for this collection is XXXX-XXXX. This collection expires on XX/XX/XXXX.