

Credit Card Complaint

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

The Consumer Financial Protection Bureau
PO Box 4503
Iowa City, IA 52244

Fax: 855-CFPB-FAX (855-237-2392)

- 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.
- For most complaints, the CFPB forwards some information from this form to the company you identify. You can submit information anonymously, but we may not be able to take action. All complaints will be used to help the CFPB understand consumers' experiences and monitor providers of financial products and services.
- If you are filing a complaint on behalf of someone else, we may need this person's signed, written permission to take action. Except where noted, all items refer to the consumer with the issue.
- 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 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.

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

3) Is this about something you observed while working for a financial institution or financial service provider? *
Employees of a bank or other consumer financial service provider may be entitled to certain protections. For more information go to consumerfinance.gov. Yes No
If yes, skip to Item 14

4) I want to submit anonymously. I understand the CFPB may not be able to respond or take action. * Yes No

5) I do not want the CFPB to send information about me to the company. I understand that the CFPB may not be able to take action. * Yes No

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

* Answers to these questions are necessary for the CFPB to take action

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

- | | |
|--|--|
| <input type="checkbox"/> Advertising and Marketing | <input type="checkbox"/> Customer Service / Customer Relations |
| <input type="checkbox"/> Application Processing Delay | <input type="checkbox"/> Delinquent Amount |
| <input type="checkbox"/> APR or Interest Rate | <input type="checkbox"/> Fee: Balance Transfer Fee |
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Fee: Cash Advance Fee |
| <input type="checkbox"/> Balance Transfer | <input type="checkbox"/> Fee: Late Fee |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Fee: Overlimit Fee |
| <input type="checkbox"/> Billing Disputes | <input type="checkbox"/> Fee: Other |
| <input type="checkbox"/> Billing Statement | <input type="checkbox"/> Forbearance / Workout Plan |
| <input type="checkbox"/> Cash Advance | <input type="checkbox"/> Identity Theft / Fraud / Forgery / Embezzlement |
| <input type="checkbox"/> Closing / Cancelling Account | <input type="checkbox"/> Payoff Process |
| <input type="checkbox"/> Collection Debt Dispute | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Collection Practices | <input type="checkbox"/> Rewards |
| <input type="checkbox"/> Convenience Checks | <input type="checkbox"/> Sale of Account |
| <input type="checkbox"/> Credit Determination | <input type="checkbox"/> Transaction Issue |
| <input type="checkbox"/> Credit Card Payment / Debt Protection | <input type="checkbox"/> Unsolicited Issuance of Credit Card |
| <input type="checkbox"/> Credit Line Increase / Decrease | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Credit Reporting | _____ |

8) Do you believe the issue involves discrimination? Yes No Don't Know

If yes, check the basis for the discrimination: *Check all that apply.*

- | | | | |
|------------------------------|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin | <input type="checkbox"/> Exercise of Rights Under Consumer Credit Protection Act |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Race or Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Receipt of Public Assistance |

9) When did this happen? ____ / ____ / _____ Don't Know

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

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

12) Have you done any of these things to try to resolve this issue? Check all that apply and provide details below.

- | | |
|---|---|
| <input type="checkbox"/> Contacted company directly | <input type="checkbox"/> Hired an attorney |
| <input type="checkbox"/> Contacted Consumer Financial Protection Bureau | <input type="checkbox"/> Filed legal action |
| <input type="checkbox"/> Contacted another government agency | <input type="checkbox"/> Other: _____ |

Provide details such as the names of any government agencies contacted, the dates contacted, any case numbers, contact information, current status, attorney contact information (if applicable), etc.

13) Credit Card Account Number: _____ (if available)

We use this information to determine which company you are complaining about and to help make sure the company reviews the correct account. We use 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 issue.

14) Information about the Company *

*Company Name: _____ Telephone: _____

*Address 1: _____ Website: _____

Address 2: _____

*City: _____ *State: _____ *Zip Code: _____ Country: _____

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

Myself

Myself and Someone Else

Someone Else →

COMPLETE THIS SECTION ONLY IF FILING ON BEHALF OF SOMEONE ELSE

*What is your relationship to this person? _____

Please provide us with your name and contact information:

Salutation: _____ (Mr., Mrs., Ms., Dr., etc.)

*First Name: _____

Middle Name: _____

*Last Name: _____ Suffix: _____ (Jr., Sr., etc.)

*Mailing Address: _____

*City: _____ *State: _____ *Zip Code/APO/FPO: _____

*Country: _____

Phone Number: _____

Email Address: _____

16) Account Contact Information * Enter the names and addresses associated with this account.

Salutation: _____ (Mr., Mrs., Ms., Dr., etc.)

Salutation: _____ (Mr., Mrs., Ms., Dr., etc.)

*First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

*Last Name: _____

Last Name: _____

Suffix: _____ (Jr., Sr., etc.)

Suffix: _____ (Jr., Sr., etc.)

*Billing Address: _____

*City: _____ *State: _____ *Zip Code/APO/FPO: _____ *Country: _____

Mailing Address: _____ (if different from Billing Address)

City: _____ State: _____ Zip Code/APO/FPO: _____ Country: _____

17) Other Contact Information and Communication Preferences

Phone Number: _____

Best Way to Contact: Email Text Phone Mail

Best Time to Contact: 8am - Noon ET Noon - 4pm ET 4pm - 7pm ET

Preferred Language: _____

Email Address: _____

18) What is your age? _____ years Prefer Not to Answer

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

COMPLETE THIS SECTION ONLY IF COMPLAINT IS FOR A SERVICEMEMBER / 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: _____

*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
 Air Force Atmospheric Administration

What is the servicemember's rank?

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

The information given is true to the best of my knowledge and belief. I understand that the CFPB cannot act as my lawyer, a court of law or a financial advisor.*

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 a complaint or inquiry;
- 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 or inquiry;
- 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.

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

You are not required to file a complaint or inquiry and you may withdraw your complaint or inquiry at any time. However, if you do so, the Consumer Financial Protection Bureau may not be able to investigate your complaint or inquiry.

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 1505-0236. This collection expires on 12/31/2011.

Need help with this form?

consumerfinance.gov

(855) 411-CFPB (2372)

(855) 729-CFPB (2372) TTY/TDD