

# Consumer Assistance Form

You should fill out this form if you have a complaint, comment, or question about a financial institution, financial product, or financial service, or the Consumer Financial Protection Bureau (CFPB). 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: 855-237-2392

- 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) I have a:\*** Check only one.

Complaint about something that happened to me involving a financial institution, product, or service

Alert about a financial institution, product, service, or practice that I think the CFPB should look into

Comment or Question about a financial institution, product, service, or practice or the CFPB

**2) What happened?\***

Describe your complaint. Include facts about what happened and any steps you have taken to resolve the issue.

**Share your story.\***

Tell us about what happened.

**Tell us your question or comment.\***

Complete Item 2 and skip to Item 17

**3) Is this about something that happened to you / someone you know?\***

Yes  No

**4) 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 visit [www.whistleblowers.gov](http://www.whistleblowers.gov).

Yes  No

*If yes, skip to Item 11*

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

5) This is about:\* Check only one.

**Credit Products**

- Credit card
- Vehicle loan
- Vehicle lease
- Installment loan
- Personal line of credit
- Student Loan - Federal
- Student Loan - Private
- Payday loan
- Cash advance loan
- Tax refund anticipation loan
- Vehicle title loan

**Credit Reporting**

- Credit report / Credit score
- Information given to credit reporting agency

**Deposit Products**

- Checking account
- Savings account
- Certificate of Deposit (CD)

**Mortgage / Home loan**

- Conventional adjustable (ARM)
- Conventional fixed
- Federal Housing Administration (FHA)
- Home equity loan / Home equity line of credit
- Reverse mortgage
- Veterans Affairs (VA)
- Other mortgage: \_\_\_\_\_

**Methods of Payment**

- ATM / Debit card
- Gift card
- Prepaid card / Stored value card
- Checks
- Currency exchange
- Money order / Cashier's check / Money transfer

**Financial Advisory Service**

- Credit counseling
- Debt management / Settlement
- Investment advice (not broker-dealer)
- Financial planner

**Interstate Land Sales**

- Purchase or lease of land from developer
- Condo / Subdivision development

**Other**

- Cashing a check without an account
- Consumer leasing (not a vehicle lease)
- Debt collection
- Deposit insurance
- Identity theft / Fraud / Embezzlement
- Individual Retirement Account (IRA)
- Pawn broker
- Safe deposit box
- Other: \_\_\_\_\_

6) The issue with this product or service checked above is:\* \_\_\_\_\_

7) Do you believe the issue involves discrimination?  Yes  No

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

- Age  Marital status  National origin  Exercise of rights Under Consumer Credit Protection Act
- Sex  Race or color  Religion  Receipt of public assistance

Describe any discrimination in the description area on page 1

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

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

10) What do you think would be a fair resolution of this issue?\*

11) I want to submit anonymously. I understand the CFPB may not be able to respond or take action.\*

If yes, skip to Item 15

Yes  No

12) Do you want the CFPB to send information about you to the company? If no, the CFPB may not be able to take action.\*

Yes  No

13) Do you have a loan or account number for this product?\* If yes, provide in Item 14  Yes  No

14) Account or Client 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. The more information you provide, the faster we are able to process this form and take action on this issue.

15) Information about the Company \*

\*Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*Address 1: \_\_\_\_\_ Website: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

- Contacted company directly  Hired an attorney  
 Contacted Consumer Financial Protection Bureau  Filed legal action  
 Contacted another government agency  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.

\_\_\_\_\_

**17) 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: \_\_\_\_\_ Is this a mobile phone?:  Yes  No

Email Address: \_\_\_\_\_

**18) Account Contact Information \*** Enter the name(s) and address 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: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Is this a mobile phone?:  Yes  No

Best Way to Contact:  Email  Text  Phone  Mail Preferred Language: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

20) My age is \_\_\_\_\_  Prefer Not to Answer

21) Is this complaint for a servicemember or dependent or spouse 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

22) If you are completing this form about a mortgage issue, please answer these questions.

Are you concerned about losing your home to foreclosure?  Yes  No

Have you missed any mortgage payments or are you in default on your mortgage?  Yes  No

Also check "Yes" if your mortgage company believes you are in default or have missed payments, even if you believe your mortgage company is in error.

Is there a date that is scheduled for the foreclosure sale of your home?  Yes  No  Don't Know

If a foreclosure sale has been scheduled, you might have received a Notice of Sale or Order Setting Sale.

If yes, what is the date of the scheduled foreclosure sale? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please provide the exact date, if you can. This should be on the Notice of Sale or the Order Setting Sale.

Some companies may charge homeowners a fee for services described as foreclosure defense, foreclosure prevention, foreclosure rescue, or loss mitigation assistance. Did you hire one of these companies to help you avoid foreclosure?  Yes  No

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, 12 C.F.R. Part 1070.

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 3170-0011. This collection expires on 11/30/2014.