

- WHAT HAPPENED?** 1
Incomplete
- COMPANY INFORMATION 2
Incomplete
- MY INFORMATION 3
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- REVIEW AND SUBMIT 4
Incomplete

[Form trouble? Chat now.](#)

What happened

[Why do we need this?](#)

Providing facts and details like dates and where transactions happened helps us understand your complaint. For example, did someone call you? Did you visit a company in person?

What type of debt is this?	<input type="radio"/> Credit card	<input type="radio"/> Non-federal student loan
	<input type="radio"/> Medical	<input type="radio"/> Mortgage
	<input type="radio"/> Auto	<input type="radio"/> Other (e.g. phone, health club, etc.)
	<input type="radio"/> Federal student loan	<input type="radio"/> I do not know
Which of these best describes your issue?	<input type="text" value="Select one..."/>	
Describe what happened so we can understand the issue...	<div style="border: 1px solid #ccc; height: 100px;"></div>	
	4000 characters remaining	
	Do not include sensitive information like your name, contact information, account number, or Social Security Number in this field. We will collect certain personal information at a later step.	

Desired resolution

[Why do we need this?](#)

We want to understand what you think would be a fair resolution to this issue. We'll forward this information to the company along with your description of what happened so that all parties know what you are looking for.

What do you think would be a fair resolution to your issue?	<div style="border: 1px solid #ccc; height: 100px;"></div>
	4000 characters remaining
	Do not include sensitive information like your name, contact information, account number, or Social Security Number in this field. We will collect certain personal information at a later step.

[CONTINUE](#)



Have questions? Need help with this form? (855) 411-2372

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Who's contacting you about this debt?

[Why do we need this?](#)

We want to know as much as you can tell us about the company collecting the debt. Even if you don't know the company's name, provide any phone numbers for the company, a representative name, or an account number and we'll try to match things up on our end.

Debt collection company name:	<input type="text"/>	<input type="checkbox"/> I do not know the debt collection company name
Phone number: (Optional)	<input type="text"/>	Add another number
Representative name or ID: (Optional)	<input type="text"/>	
Account number: (Optional)	<input type="text"/>	

Do you know where this debt came from?

[Why do we need this?](#)

We want to know if the company contacting you was hired by a different company to collect on a debt. If the debt is with a different company, we'll give you the option to submit two complaints about your issue: one complaint about the debt collector and a second complaint about the company that owns the debt.

If you don't know where the debt came from, choose "I don't know."

Do you know where this debt came from?	<input checked="" type="radio"/> Same company	<input type="radio"/> A different company	<input type="radio"/> I don't know
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Upload any supporting documents

[Why do we need this?](#)

Here we're asking for digital copies of any documents about your complaint. Documents like contracts, letters, monthly statements, and transaction receipts can help us better understand your complaint.

Attach documents (Optional)	<input type="button" value="SELECT FILE"/>
We accept all file formats except executable files (.exe)	

[CONTINUE](#)



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Personal information

[Why do we need this?](#)

The company needs your full name and the last four digits of your Social Security Number to match your complaint to their records and respond to your complaint.

Salutation (Optional)	<input type="text" value="Choose..."/>		
First Name:	<input type="text"/>	Middle:(Of	<input type="text"/>
Last Name:	<input type="text"/>	Suffix:(Opti	<input type="text" value="Choose..."/>
Last four digits of Social Security Number: (Optional)	<input type="text"/>	Companies match this information to their records to respond to your complaint. Not providing may delay or prevent the company from responding to your complaint.	
Age: (Optional)	<input type="text"/>		

Contact information

[Why do we need this?](#)

We'll use this information to contact you about your complaint.

Address:	<input type="text"/>		
Address 2: (Optional)	<input type="text"/>		
Country:	<input type="text" value="United States"/>	Zip:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text" value="Choose..."/>
Phone Number: (Optional)	<input type="text"/>		
Email:	<input type="text"/>		

Military Affiliation

[Why do we need this?](#)

There are certain protections that apply to servicemembers and their spouses and dependents.

The consumer is now or was: (Optional) (Choose all that apply)	<input type="checkbox"/> A servicemember
	<input type="checkbox"/> The dependent or spouse of a servicemember




[CONTINUE](#) 

[Privacy act statement](#) | [OMB #3170-0011](#)



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Only the highlighted information below will be sent to these companies.

Review your information

WHAT HAPPENED?

[Edit this section](#)

What type of debt is this?

Credit card

Which of these best describes your issue?

Called outside of 8am-9pm

Describe what happened so we can understand the issue...

Test

What do you think would be a fair resolution to your issue?

Test

COMPANY INFORMATION

[Edit this section](#)

Debt collection company

Address

Representative Contact Information

United States

Account Number

1234567

Do you know where this debt came from?

A different company

Original creditor

Address

Representative Contact Information

United States

Account Number

Do you want to submit a separate complaint against this company?

Yes

Supporting documents

MY INFORMATION

[Edit this section](#) 

Your name Test Test	The last four digits of your SSN 1234
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Mailing address 123415 Test St Test AK 12345 United States	Contact information Email test@test.com
Your age is	
Servicemember Information	
Servicemember Name	
The servicemember's address	
United States	
What is their status, branch and rank?	
Reported to your commanding officer?	

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.

SUBMIT 



Submit a Debt Collection Complaint



OMB Control Number 3170-0011

This is how we accept complaints. You're not required to fill out this form if you don't want to submit a complaint. We estimate that it takes about 7 to 10 minutes to finish completing the form. Our OMB control number for this form is 3170-0011 and expires on 11/30/2014. Comments or suggestions? Email us at PRA@cfpb.gov.

Form trouble? Chat now.

Which of these best describes your issue?

Federal student loan I do not know

Communication tactics

- Frequent or repeated calls
- Called outside of 8am-9pm
- Used obscene, profane or other abusive language
- Threatened to take legal action
- Called after sent written cease of communication notice