

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 19

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.

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
- Payday Loan
- Cash Advance Loan
- Student Loan - Federal
- Student Loan - Private
- Tax Refund Anticipation Loan
- Car / Auto Loan
- Car Title Loan

Mortgage/Home Loan

- Mortgage Loan—Purchase
- Mortgage Loan—Refinance
- Home Equity Loan / Line of Credit
- Reverse Mortgage
- Second Mortgage
- Other: _____

Credit Reporting

- Credit Report / Credit Score
- Information Given to Credit Reporting Agency

Deposit Products

- Checking Account
- Savings Account
- Certificate of Deposit (CD)
- Money Market Account
- Deposit Insurance

Methods of Payment

- ACH Transfer
- ATM/Debit Card
- Check Cashing
- Checks
- Currency Exchange
- Gift Card
- Money Order
- Money Transmission or Remittance
- Prepaid Card / Stored Value Card

Financial Advisory Service

- Credit Counseling
- Debt Management/Settlement
- Investment Advice (not broker-dealer)
- Financial Planner

Property Development

- Settlement Service
- Subdivision/Condo Development

Other

- Debt Collection
- Consumer Leasing
- Identity Theft
- Individual Retirement Account (IRA)
- Pawn Broker
- Safe Deposit Box
- Other: _____

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

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

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

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

10) 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

11) 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

12) Do you have a loan or account number for this product?*

Yes No *If yes, provide in Item 14*

13) 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.

14) Information about the Company *

Telephone: _____

*Company Name: _____

Website: _____

*Address 1: _____

Address 2: _____

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

15) 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.

16) 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: _____

17) 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: _____

18) 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: _____

19) My age is _____ Prefer Not to Answer

20) 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

21) 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

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.