



Submit a complaint

ABOUT A FINANCIAL PRODUCT OR SERVICE



Consumer Financial
Protection Bureau

How to submit



Online (recommended)

consumerfinance.gov/complaint



By mail

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



Over the phone

(855) 411-CFPB (2372)



By fax

(855) 237-2392

The complaint process



Complaint submitted

You submit a complaint about an issue you have with a company about a consumer financial product or service. You will receive email updates and can log in to track the status of your complaint.



Review and route

We'll forward your complaint to the company and work to get a response from them. If we find that another government agency would be better able to assist, we will forward your complaint to them and let you know.



Company response

The company will review your complaint, communicate with you as needed, and report back about the steps taken or that will be taken on the issue you identify in your complaint.



Consumer review

We will let you know when the company responds. You can review that response and give us feedback.



Review and investigate

Complaint data is shared with state and federal law enforcement agencies. Complaints tell us about business practices that may pose risks to consumers. If we need more information, we'll reach out and let you know.



Analyze and report

Complaints help with our work to supervise companies, enforce federal consumer financial laws, and write better rules and regulations. We also report to Congress about the complaints we receive and post some consumer complaint data.

COMPLAINT NUMBER

NEED HELP WITH THIS FORM?
(855) 411-CFPB (2372)

VERSION 3.1 / 2014

Product or service type

3 What is your complaint about?
CHOOSE ONE

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> BANK ACCOUNT OR SERVICE | <input type="checkbox"/> MORTGAGE | <input type="checkbox"/> VEHICLE LOAN OR LEASE |
| <input type="checkbox"/> CREDIT CARD | <input type="checkbox"/> PAYDAY LOAN | <input type="checkbox"/> OTHER CONSUMER LOAN |
| <input type="checkbox"/> CREDIT REPORTING | <input type="checkbox"/> PREPAID CARD | <input type="checkbox"/> OTHER FINANCIAL SERVICE |
| <input type="checkbox"/> MONEY TRANSFER | <input type="checkbox"/> STUDENT LOAN | |

4 In a few words, what is your issue with this product or service?

5 When did this happen?
OPTIONAL

MM DD YYYY

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

6 Estimate the total dollar value of your loss based on what you know right now.
OPTIONAL

\$ _____

7 Have you done any of these things to try to resolve this issue?
OPTIONAL

- | | | |
|---|--|---|
| <input type="checkbox"/> CONTACTED COMPANY DIRECTLY | <input type="checkbox"/> CONTACTED ANOTHER GOVERNMENT AGENCY | <input type="checkbox"/> FILED LEGAL ACTION |
| <input type="checkbox"/> CONTACTED CONSUMER FINANCIAL PROTECTION BUREAU | <input type="checkbox"/> HIRED AN ATTORNEY | <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.

COMPLAINT NUMBER

NEED HELP WITH THIS FORM?
(855) 411-CFPB (2372)

Mortgage questions, if applicable

Filing a complaint will not automatically delay or stop a foreclosure. If you are not submitting a mortgage complaint, skip this page.

| | |
|---|--|
| <p>8 Are you concerned about losing your home to foreclosure? <i>OPTIONAL</i></p> | <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> |
| <p>9 Have you missed any mortgage payments or are you in default on your mortgage? <i>OPTIONAL</i></p> | <p><input type="checkbox"/> YES <i>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.</i></p> <p><input type="checkbox"/> NO</p> |
| <p>10 Is there a date scheduled for the foreclosure sale of your home? <i>OPTIONAL</i></p> | <p><input type="checkbox"/> YES <i>If a foreclosure sale has been scheduled, you might have received a "Notice of Sale" or "Order Setting Sale."</i></p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> |
| <p>10a If yes, what is the date of the scheduled foreclosure sale? <i>OPTIONAL</i></p> | <p>MM DD YYYY <i>Please provide the exact date, if you can. This should be on the "Notice of Sale" or the "Order Setting Sale."</i></p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> |
| <p>11 Did you pay a company to help you avoid foreclosure? <i>OPTIONAL</i></p> | <p><input type="checkbox"/> YES <i>Sometimes called "foreclosure rescue," "foreclosure defense," "foreclosure prevention," or "loss mitigation assistance."</i></p> <p><input type="checkbox"/> NO</p> |

COMPLAINT NUMBER

NEED HELP WITH THIS FORM?
(855) 411-CFPB (2372)

Personal information

12 I am submitting on behalf of:

- MYSELF..... FILL OUT QUESTIONS 13, 13A & 14
- SOMEONE ELSE FILL OUT QUESTIONS 13, 13A, 14 & 15

13 Account holder's information

| | | | |
|----------------------|--|----------------------|----------------------|
| FIRST NAME | LAST NAME | SUFFIX | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| STREET | | | |
| <input type="text"/> | | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| EMAIL | PHONE NUMBER | | |
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | | |

13a Account holder's age
OPTIONAL

AGE

14 Account number

15 Contact information of person submitting this complaint

If you are submitting on behalf of someone else, include your information here. We'll use it to contact you about the status of this complaint.

| | | | |
|----------------------|--|----------------------|----------------------|
| FIRST NAME | LAST NAME | SUFFIX | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| STREET | | | |
| <input type="text"/> | | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| EMAIL | PHONE NUMBER | | |
| <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | | |

COMPLAINT NUMBER

NEED HELP WITH THIS FORM?
(855) 411-CFPB (2372)

Information about the company

16 Company name

16a Company address
OPTIONAL

STREET

CITY

STATE

ZIP CODE

COUNTRY

16b Phone number
OPTIONAL

 - -

16c Website
OPTIONAL

Attach any supporting documents

Please attach copies of any documents related to your case. Seeing the full versions of documents like contracts, letters, monthly statements, and transaction receipts is the best way for us to really understand your case. Do not include original versions.

COMPLAINT NUMBER

NEED HELP WITH THIS FORM?
(855) 411-CFPB (2372)

Military affiliation, if applicable

There are certain protections that apply to servicemembers and their spouses and dependents. If you have no affiliation with the military, skip this page.

17 The account holder is now or was:
*OPTIONAL,
 CHECK ALL THAT APPLY*

- A SERVICEMEMBER FILL OUT QUESTION 17A
- THE SPOUSE / DEPENDENT OF A SERVICEMEMBER..... FILL OUT QUESTIONS 17A & 17B

17a Service details
*OPTIONAL,
 CHOOSE ONE
 IN EACH COLUMN*

Current status

- ACTIVE
- RESERVE
- NATIONAL GUARD
- RETIRED
- VETERAN

Branch

- ARMY
- NAVY
- MARINES
- AIR FORCE
- COAST GUARD
- PUBLIC HEALTH SERVICE
- NATIONAL OCEANIC & ATMOSPHERIC ADMIN

Rank

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

17b Servicemember personal information
OPTIONAL

| | | | |
|---|---|---|---|
| FIRST NAME | LAST NAME | SUFFIX | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | |
| STREET | | | |
| <input style="width: 100%;" type="text"/> | | | |
| CITY | STATE | ZIP CODE | COUNTRY |
| <input style="width: 100%;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 100%;" type="text"/> |

COMPLAINT NUMBER

NEED HELP WITH THIS FORM?
(855) 411-CFPB (2372)



Certify

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 you provide will permit the Consumer Financial Protection Bureau to respond to your complaint or inquiry about companies and services we supervise. Information about your complaint or inquiry (including your personally identifiable information) may be shared:

- with the entity that is the subject of your complaint;
- with third parties as necessary to get information relevant to resolving a complaint;
- with a court, a part in litigation, a magistrate, an adjudicative body or administrative tribunal in the course of a proceeding or the Department of Justice;
- with other federal or state agencies or regulatory authorities for enforcement and statutory purposes; and
- with contractors, agents, and others authorized by the CFPB to receive this information.

We may also share your complaint or inquiry (but not your personally identifiable information) with the public through a public complaint database.

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

You are not required to file a complaint or share any identifying information, including your social security number, and you may withdraw your complaint at any time. However, if you do not include the requested information, the CFPB may not be able to act on your complaint.

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 5/31/2015. Comments or suggestions? Email us at PRA@cfpb.gov.

COMPLAINT NUMBER

NEED HELP WITH THIS FORM?
(855) 411-CFPB (2372)