

Consumer Financial Protection Bureau Information Collection Request
OMB Control Number 3170-0011

Web Complaint Intake Forms

- Credit Card
- Mortgage
- Bank Account or Service
- Student Loan
- Vehicle or Consumer Loan
- Credit Reporting
- Money Transfer
- Debt Collection
- Payday & Other Consumer Loans
- Prepaid
- Other Financial Services

External Party Logins

- Consumer Portal Login
- Company & Government Login

Feedback Intake Form

- Web Tell Your Story form

Paper Intake Forms

- Universal complaint intake form (English and Spanish)
- Debt collection complaint intake form (English and Spanish)

Phone complaint, inquiry and feedback intake

- Phone scripts

File a credit card complaint

We'll forward your issue to your credit card company, give you a tracking number, and keep you updated on the status of your complaint.

- 1. **What happened?**
- 2. Desired resolution
- 3. My information
- 4. Product information
- 5. Review



[Form trouble?](#)
[Chat now.](#)

For credit card issues affecting your credit report, submit your complaint [here](#).

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

This is the what happened field

3869 characters remaining

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included.
[Learn more.](#)

Which of these best describes your issue? *

Application processing delay

If you lost money, how much money did you lose? (Optional)

\$ 0

When did this happen? 3/1/2015 (Optional)

Have you done any of these things to try to resolve this issue? (Optional)

- Contacted the company directly
- Contacted the Consumer Financial Protection Bureau

previously

- Contacted another government agency
- Hired an attorney
- Filed legal action



[Privacy act statement](#)

[OMB #3170-0011](#)

File a credit card complaint

We'll forward your issue to your credit card company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- 2. **Desired resolution**
- 3. My information
- 4. Product information
- 5. Review

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

[Form trouble?](#)
[Chat now.](#)

This is the desired resolution

3870 characters remaining

Save

File a credit card complaint

We'll forward your issue to your credit card company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution **3. My information** 4. Product information 5. Review



[Form trouble?](#)
[Chat now.](#)

Select both boxes if submitting this complaint for a joint account. Select "Someone else" if assisting someone in submitting a complaint. Provide your information under "My contact information" and the other person's information under "Someone else".

I am submitting on behalf of Myself Someone else

Submitting on behalf of someone else may require signed, written permission.

My contact information

Salutation (Optional) ▼

First Name

Last Name

Suffix (Optional) ▼

Mailing Address

Apartment, suite, building (Optional)

City

State * ▼

Zip code

United States ▼

Phone (Optional)

Email

Someone else

What is your relationship to this person?*

Choose... ▼

Salutation (Optional) ▼

First name

Last name

Suffix (Optional) ▼

Mailing Address

Apartment, suite, building (Optional)

City

State* ▼

Zip code

United States ▼

Phone (Optional)

Email (Optional)

Account Holder's age is (Optional)

The consumer is a servicemember or is a spouse or dependent of a servicemember. (Optional)

Servicemember

Dependent or spouse of a servicemember

What is the servicemember's status?*

Choose... ▼

What is the service?*

Choose... ▼

What is the servicemember's rank?*

Choose... ▼

[Back](#)

File a credit card complaint

We'll forward your issue to your credit card company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution ✓ My information **4. Product information** 5. Review

Billing address same as mailing address.

[Form trouble?](#)
[Chat now.](#)

Billing address

For account identification only. You will not be charged.

Information about the company

The company name you entered is not in our database. Please enter in the optional address information.

Do not submit a complaint if you do not want it to be forwarded to the company you select. All complaints submitted on this site will be sent to the company for response.

Upload any supporting documents (Optional)

Account agreements, monthly statements, proof of payment, etc.

Attach documents

Attach

Documents must be attached to your complaint before submission. Once your complaint is submitted, you will not be able to add any further documentation. You may submit any document to support your complaint in all digital file types except executable files (.exe).

Continue [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a credit card complaint

We'll forward your issue to your credit card company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution ✓ My information ✓ Product information 5. Review



[Form trouble?](#)
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WHAT HAPPENED [\[EDIT\]](#)

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

This is the what happened field

Consent to Publish? Consent provided

Issue Application processing delay

If you lost money, how much money did you lose? \$ 0

Date of incident 3/1/2015

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

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

DESIRED RESOLUTION [\[EDIT\]](#)

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

This is the desired resolution

MY INFORMATION [\[EDIT\]](#)

Contact information

Mailing address

Mr First Name Last Name Jr
Mailing Address
Apartment, suite, building (Optional)
City DC Zip code
United States

Email Email@cfpb.gov

Phone Phone (Optional)

I am submitting on behalf of Myself Someone else

Someone else

Relationship Family member

First name Last name
Mailing Address
Apartment, suite, building (Optional)
City DC Zip code
United States

Email Email (Optional)

Phone Phone (Optional)

Servicemember information

The consumer is a Servicemember

Servicemember information

Servicemember status Active

Servicemember branch Army

Servicemember rank W01-CW5

PRODUCT INFORMATION [\[EDIT\]](#)

Billing address

Billing Address
Apartment, suite, building (Optional)
City DC Zip Code
United States

Credit card number *****

Information about the company

Company Name
Company Address (Optional)
City (Optional)
Zip Code

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

File a mortgage complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- 1. **What happened?**
- 2. Desired resolution
- 3. My information
- 4. Product information
- 5. Review

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

[Form trouble?](#)
[Chat now.](#)

This is the what happened field

3869 characters remaining

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included.
[Learn more.](#)

Which part of the mortgage process is your issue related to? *

- Applying for the loan
Application, originator, mortgage broker
- Receiving a credit offer
Credit decision/Underwriting
- Signing the agreement
Settlement process and costs
- Making payments
Loan servicing, payments, escrow accounts
- Problems when you are unable to pay
Loan modification, foreclosure

Are you concerned about losing your home to foreclosure?*

- Yes No

Please note: Filing a complaint will not automatically delay or stop a foreclosure

Have you missed any mortgage payments or are you in default on your mortgage? "Yes" if your mortgage company believes you are in default or have missed payments, even if you believe your mortgage company is in error.

- Yes No

Is there a date scheduled for the foreclosure sale of your home?

Yes ▼

When is the scheduled foreclosure sale?

You may find this date on the "Notice of Sale" or "Order Setting Sale."

3/1/2015 

Did you pay a company to help you avoid

foreclosure? called "foreclosure rescue," "foreclosure defense," "foreclosure prevention," or "loss mitigation assistance."

Yes No

My loan is a(n)*

VA mortgage ▼

Continue

[Privacy act statement](#)

[OMB #3170-0011](#)

File a mortgage complaint

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- ✓ What happened?
- 2. Desired resolution**
- 3. My information
- 4. Product information
- 5. Review

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

[Form trouble?](#)
[Chat now.](#)

This is the desired resolution field

3864 characters remaining

Continue [Back](#)

File a mortgage complaint

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- ✓ What happened?
- ✓ Desired resolution
- 3. My information**
- 4. Product information
- 5. Review



Select both boxes if submitting this complaint for a joint account. Select "Someone else" if assisting someone in submitting a complaint. Provide your information under "My contact information" and the other person's information under "Someone else".

[Form trouble?](#)
[Chat now.](#)

I am submitting on behalf of Myself Someone else

Submitting on behalf of someone else may require signed, written permission.

My contact information

Salutation (Optional) ▼

First Name

Last Name

Suffix (Optional) ▼

Mailing Address

Apartment, suite, building (Optional)

City

State * ▼

Zip Code

United States ▼

Phone (Optional)

Email

Someone else

What is your relationship to this person?*

Choose... ▼

Salutation (Optional) ▼

First name

Last name

Suffix (Optional) ▼

Mailing address

Apartment, suite, building (Optional)

City

State* ▼

Zip Code

United States ▼

Phone (Optional)

Email (Optional)

Account Holder's age is (Optional)

The consumer is a servicemember or is a spouse or dependent of a servicemember. (Optional)

Servicemember

Dependent or spouse of a servicemember

Enter the servicemember information below.

Salutation (Optional) ▼

First name

Middle name (Optional)

Last name

Suffix (Optional) ▼

Address

Apartment, suite, building (Optional)

City

State* ▼

Zip Code

United States ▼

What is the servicemember's status?*

Choose... ▼

What is the service?*

Choose... ▼

What is the servicemember's rank?*

Choose... ▼

Continue [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a mortgage complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- ✓ Desired resolution
- ✓ My information
- 4. Product information**
- 5. Review



Property address same as mailing address.

[Form trouble?](#)
[Chat now.](#)

Property address

For account identification only

Information about the company

The company name you entered is not in our database. Please enter in the optional address information.

Do not submit a complaint if you do not want it to be forwarded to the company you select. All complaints submitted on this site will be sent to the company for response.

Upload any supporting documents (Optional)

Mortgage statements, good faith estimates, loan origination documents, etc.

Attach documents

Attach

Documents must be attached to your complaint before submission. Once your complaint is submitted, you will not be able to add any further documentation. You may submit any document to support your complaint in all digital file types except executable files (.exe).

Continue [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a mortgage complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution ✓ My information ✓ Product information 5. Review



[Form trouble?](#)
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WHAT HAPPENED [\[EDIT\]](#)

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

This is the what happened field

Consent to Publish? Consent provided

Which part of the mortgage process is your issue related to?

Problems when you are unable to pay

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

Is there a date scheduled for the foreclosure sale of your home? Yes

When is the scheduled foreclosure sale? 3/1/2015

Did you pay a company to help you avoid foreclosure? Yes No

This is about VA mortgage

DESIRED RESOLUTION [\[EDIT\]](#)

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

This is the desired resolution field

MY INFORMATION [\[EDIT\]](#)

Contact information

Mailing address

First Name Last Name
Mailing Address
Apartment, suite, building (Optional)
City DC Zip Code
United States

Email Email@cfpb.gov

Phone Phone (Optional)

I am submitting on behalf of Myself Someone else

[Someone else](#)

Relationship Advocate

First name Last name
Mailing address
Apartment, suite, building (Optional)
City DC Zip Code
United States

Email Email (Optional)

Phone Phone (Optional)

Servicemember information

Dependent or spouse of a servicemember

Dependent information

First name Last name
Address
Apartment, suite, building (Optional)
City DC Zip Code
United States

Servicemember information

Servicemember status Retired

Servicemember branch Navy

Servicemember rank E5-E7

PRODUCT INFORMATION [\[EDIT\]](#)

Property address is the same as mailing address.

Account/Loan number *****

Information about the company

Company Name
Company address (Optional)
City (Optional) Zip code

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

File a bank account or service complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

1. **What happened?**
2. Desired resolution
3. My information
4. Product information
5. Review

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

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.

[Form trouble?](#)
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This is the what happened field

3869 characters remaining

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included.

[Learn more.](#)

This is about a(n) *

Checking account

Which of these best describes your issue? *

- Account opening, closing, or management
Confusing marketing, denial, disclosure, fees, closure, account access, interest, statements, joint accounts
- Deposits and withdrawals
Availability of deposits, withdrawal problems and penalties, unauthorized transactions, check cashing, payroll deposit problems, lost or missing funds, transaction holds
- Using a debit or ATM card
Disputed transaction, unauthorized card use, ATM or debit card fees, ATM problems
- Making or receiving payments
Problems with payments by check, card, phone or online, unauthorized or fraudulent transactions
- Problems caused by my funds being low
Overdraft fees, late fees, bounced checks

Continue

[Privacy act statement](#)

[OMB #3170-0011](#)

File a bank account or service complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- 2. Desired resolution**
- 3. My information
- 4. Product information
- 5. Review

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

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.

[Form trouble?](#)
[Chat now.](#)

This is the desired resolution

3870 characters remaining

Continue [Back](#)

File a bank account or service complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- ✓ Desired resolution
- 3. My information**
- 4. Product information
- 5. Review



Select both boxes if submitting this complaint for a joint account. Select "Someone else" if assisting someone in submitting a complaint. Provide your information under "My contact information" and the other person's information under "Someone else".

[Form trouble?](#)
[Chat now.](#)

I am submitting on behalf of Myself Someone else

Submitting on behalf of someone else may require signed, written permission.

My contact information

Account Holder's age is (Optional)

The consumer is a servicemember or is a spouse or dependent of a servicemember. (Optional)

[Continue](#) [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a bank account or service complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution ✓ My information **4. Product information** 5. Review

Billing address same as mailing address.

[Form trouble?](#)
[Chat now.](#)

Billing address

For account identification only

Information about the company

The company name you entered is not in our database. Please enter in the optional address information.

Do not submit a complaint if you do not want it to be forwarded to the company you select. All complaints submitted on this site will be sent to the company for response.

Upload any supporting documents (Optional)

Monthly statements, account agreements, power of attorney forms, CD certificates, etc.

Attach documents

Attach

Documents must be attached to your complaint before submission. Once your complaint is submitted, you will not be able to add any further documentation. You may submit any document to support your complaint in all digital file types except executable files (.exe).

Continue [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a bank account or service complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution ✓ My information ✓ Product information 5. Review



[Form trouble?](#)
[Chat now.](#)

WHAT HAPPENED [\[EDIT\]](#)

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

This is the what happened field

Consent to Publish? Consent provided

Product Checking account

Issue Account opening, closing, or management

DESIRED RESOLUTION [\[EDIT\]](#)

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

This is the desired resolution

MY INFORMATION [\[EDIT\]](#)

Contact information

Mailing address

Dr First name Last name V

Mailing address

Apartment, suite, building (Optional)

City DC Zip Code

United States

Email Email@cfpb.gov

Phone Phone (Optional)

Age 50

I am submitting on behalf of Myself

Age 50

PRODUCT INFORMATION [\[EDIT\]](#)

Billing address is the same as mailing address.

Account number *****

Information about the company

Company Name
Company Address (Optional)
City (Optional) Zip Code

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

[Privacy act statement](#)

[OMB #3170-0011](#)

File a student loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

1. **What happened?**
2. Desired resolution
3. My information
4. Product information
5. Review



My loan is *

- Federal loan (Stafford, Direct, consolidation, PLUS, Perkins)
- Non-federal loan (Private, alternative, other student loan)
- I am not sure

[Form trouble?](#)
[Chat now.](#)

Describe what happened so we can understand the issue. Include the name and location of your school. *

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.

This is the what happened field

3869 characters remaining

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included.

[Learn more.](#)

Which of these best describes your issue? *

- Getting a loan
Denial, confusing advertising or marketing, sales tactics or pressure, financial aid services, recruiting, fraudulent loan
- Can't qualify for a loan
- Qualify for a better loan than the one offered
- Can't repay my loan
Deferment, forbearance, default, bankruptcy, payment plan, refinancing

Dealing with my lender or servicer
Making payments, getting information about my loan, managing my account

Continue

[Privacy act statement](#)

[OMB #3170-0011](#)

File a student loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- 2. Desired resolution**
- 3. My information
- 4. Product information
- 5. Review

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

[Form trouble?](#)
[Chat now.](#)

This is the desired resolution field

3864 characters remaining

Continue [Back](#)

File a student loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution **3. My information** 4. Product information 5. Review



Select both boxes if submitting this complaint for a joint account. Select "Someone else" if assisting someone in submitting a complaint. Provide your information under "My contact information" and the other person's information under "Someone else".

[Form trouble?](#)
[Chat now.](#)

I am submitting on behalf of Myself Someone else

Submitting on behalf of someone else may require signed, written permission.

My contact information

Salutation (Optional) ▼

First name

Last name

Suffix (Optional) ▼

Mailing address

Apartment, suite, building (Optional)

City

State * ▼

Zip Code

United States ▼

Phone (Optional)

Email

Account Holder's age is (Optional)

The consumer is a servicemember or is a spouse or dependent of a servicemember. (Optional)

[Continue](#) [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a student loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- ✓ Desired resolution
- ✓ My information
- 4. Product information**
- 5. Review

Billing address same as mailing address.

[Form trouble?](#)
[Chat now.](#)

Billing address

Billing Address

Apartment, suite, building (Optional)

City

State*

Zip Code

United States

Account/Loan number or SSN (Opt)

For account identification only

Information about the company

Company Name

The company name you entered is not in our database. Please enter in the optional address information.

Company address (Optional)

City (Optional)

State (Optional)

Zip Code

United States

Do not submit a complaint if you do not want it to be forwarded to the company you select. All complaints submitted on this site will be sent to the company for response.

Upload any supporting documents (Optional)

Account agreements, monthly statements, proof of payment, etc.

Attach documents

Attach

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Continue [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a student loan complaint

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- ✓ What happened? ✓ Desired resolution ✓ My information ✓ Product information 5. **Review**



[Form trouble?](#)
[Chat now.](#)

WHAT HAPPENED [\[EDIT\]](#)

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

This is the what happened field

Consent to Publish? Consent provided

Product Non-federal loan (Private, alternative, other student loan)

Issue Getting a loan: Can't qualify for a loan

DESIRED RESOLUTION [\[EDIT\]](#)

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

This is the desired resolution field

MY INFORMATION [\[EDIT\]](#)

Contact information

Mailing address

First name Last name
Mailing address
Apartment, suite, building (Optional)
City DC Zip Code
United States

Email Email@cfpb.gov

Phone Phone (Optional)

I am submitting on behalf of Myself

PRODUCT INFORMATION [\[EDIT\]](#)

Billing address

Billing address
Apartment, suite, building (Optional)
City DC Zip Code
United States

Account/Loan number or SSN *****

Information about the company

Company Name
Company Address (Optional)
City (Optional)

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

[Privacy act statement](#)

[OMB #3170-0011](#)

File a vehicle loan or consumer loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

1. **What happened?**
2. Desired resolution
3. My information
4. Product information
5. Review

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

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.

[Form trouble?](#)
[Chat now.](#)

This is the what happened field

3869 characters remaining

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included.

[Learn more.](#)

My loan is a(n) *

Vehicle loan

Which of these best describes your issue? *

- Problems when you are unable to pay
Repossession, deficiency, bankruptcy, default
- Shopping for a loan or lease
Sales tactics or pressure, credit denial, confusing advertising or marketing
- Taking out the loan or lease
Term changes (mid-deal changes, changes after closing, etc.), required add-on products, trade-in payoff, fraud
- Managing the loan or lease
Billing, late fees, damage or loss, insurance (GAP, credit, etc.), privacy

Continue

[Privacy act statement](#)

[OMB #3170-0011](#)

File a vehicle loan or consumer loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- 2. Desired resolution**
- 3. My information
- 4. Product information
- 5. Review

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

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.

[Form trouble?](#)
[Chat now.](#)

This is the desired resolution field

3864 characters remaining

Continue [Back](#)

File a vehicle loan or consumer loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution **3. My information** 4. Product information 5. Review



Select both boxes if submitting this complaint for a joint account. Select "Someone else" if assisting someone in submitting a complaint. Provide your information under "My contact information" and the other person's information under "Someone else".

[Form trouble?](#)
[Chat now.](#)

I am submitting on behalf of Myself Someone else

Submitting on behalf of someone else may require signed, written permission.

My contact information

Salutation (Optional) ▼

First name

Last name

Suffix (Optional) ▼

Mailing address

City

State * ▼

Zip Code

United States ▼

Phone (Optional)

Email

Account Holder's age is (Optional)

The consumer is a servicemember or is a spouse or dependent of a servicemember. (Optional)

[Continue](#) [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a vehicle loan or consumer loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- ✓ Desired resolution
- ✓ My information
- 4. Product information**
- 5. Review

Billing address same as mailing address.

[Form trouble?](#)
[Chat now.](#)

Billing address

Billing address

Apartment, suite, building (Optional)

City

State*

Zip Code

United States

Account/Loan number (Optional)

For account identification only

Information about the company

Company Name

The company name you entered is not in our database. Please enter in the optional address information.

Company Address (Optional)

City (Optional)

State (Optional)

Zip Code

United States

Do not submit a complaint if you do not want it to be forwarded to the company you select. All complaints submitted on this site will be sent to the company for response.

Upload any supporting documents (Optional)

Account agreements, monthly statements, proof of payment, etc.

Attach documents

Attach

Documents must be attached to your complaint before submission. Once your complaint is submitted, you will not be able to add any further documentation. You may submit any document to support your complaint in all digital file types except executable files (.exe).

Continue [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a vehicle loan or consumer loan complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- ✓ Desired resolution
- ✓ My information
- ✓ Product information
- 5. **Review**



[Form trouble?](#)
[Chat now.](#)

WHAT HAPPENED [\[EDIT\]](#)

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

This is the what happened field

Consent to Publish? Consent provided

Product Vehicle loan

Issue Shopping for a loan or lease

DESIRED RESOLUTION [\[EDIT\]](#)

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

This is the desired resolution field

MY INFORMATION [\[EDIT\]](#)

Contact information

Mailing address

First name Last name
Mailing address
City DC Zip Code
United States

Email Email@cfpb.gov

Phone Phone (Optional)

Age 50

I am submitting on behalf of Myself

Age 50

PRODUCT INFORMATION [\[EDIT\]](#)

Account number *****

Information about the company

Company Name
Company Address (Optional)
City (Optional) Zip Code

- 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](#)

[OMB #3170-0011](#)

File a credit reporting complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

1. **What happened?**
2. Product information
3. Desired resolution
4. Consumer information
5. Review



Which of these best describes your issue? *

[Form trouble?](#)
[Chat now.](#)

- Incorrect information on my credit report
 - Information is not mine
Belongs to someone else, identity theft, fraud, etc.
 - Account terms
Creditor name/info, balance, payment, etc.
 - Account status
Paid bill on time, account closed, etc.
 - Personal information
Wrong date of birth, address, etc.
 - Public record
Bankruptcy, judgment, etc.
 - Reinserted previously deleted information
- Credit Reporting company's investigation
- Improper use of my credit report
- Unable to get my credit report or credit score
- Credit monitoring or identity protection services

Have you disputed the issue with the credit reporting company and received a final response?

- Yes No

Original dispute case number (Optional)

Describe what happened so we can understand the issue. *

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.

This is the what happened field

3869 characters remaining

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included.

[Learn more.](#)

Upload any supporting documents (Optional)

Incorrect part of credit reports, payment records, cancelled checks, court documents, birth certificates or other identity verification documents, copy of credit reporting company's investigation

Attach documents

Attach

Continue

File a credit reporting complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- 2. Product information**
- 3. Desired resolution
- 4. Consumer information
- 5. Review



Information about the credit reporting company

[Form trouble?](#)
[Chat now.](#)

The company name you entered is not listed in our database as a credit reporting company. Please enter the optional address information.

Do not submit a complaint if you do not want it to be forwarded to the company you select. All complaints submitted on this site will be sent to the company for response.

Account identification information

We need this information to make sure the credit reporting company is able to find your file. Without it, we may not be able to help.

Social Security number (Optional)

Date of birth (Optional)

Name on credit report (Optional)

File a credit reporting complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- ✓ Product information
- 3. **Desired resolution**
- 4. Consumer information
- 5. Review

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

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.

[Form trouble?](#)
[Chat now.](#)

This is the desired resolution field

3864 characters remaining

[Continue](#) [Back](#)

File a credit reporting complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Product information ✓ Desired resolution **4. Consumer information** 5. Review



[Form trouble?](#)
[Chat now.](#)

Select "Someone else" if assisting someone in submitting a complaint. Provide your information under "My contact information" and the other person's information under "Someone else".

I am submitting on behalf of Myself Someone else

Submitting on behalf of someone else may require signed, written permission.

My contact information

Salutation (Optional) ▼

First Name

Middle Name (Optional)

Last Name

Suffix (Optional) ▼

Mailing Address

Apartment, suite, building (Optional)

City

State* ▼

Zip Code

United States ▼

Phone (Optional)

Email

Account Holder's age is (Optional)

The consumer is a servicemember or is a spouse or dependent of a servicemember. (Optional)

[Continue](#) [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a credit reporting complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Product information ✓ Desired resolution ✓ Consumer information 5. **Review**



[Form trouble?](#)
[Chat now.](#)

WHAT HAPPENED [\[EDIT\]](#)

Issue Incorrect information on my credit report: Information is not mine

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

This is the what happened field

Consent to Publish? Consent provided

PRODUCT INFORMATION [\[EDIT\]](#)

Information about the credit reporting company

Company Name
Company Address
City Zip Code

DESIRED RESOLUTION [\[EDIT\]](#)

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

This is the desired resolution field

CONSUMER INFORMATION [\[EDIT\]](#)

Contact information

Mailing address

First Name Middle Name (Optional) Last Name
Mailing Address
Apartment, suite, building (Optional)
City DC Zip Code
United States

Email Email@cfpb.gov

Phone Phone (Optional)

I am submitting on behalf of Myself

- I authorize and direct any consumer reporting agency to furnish a copy of my consumer report to the CFPB for the purpose of responding to and investigating my consumer complaint.

- 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

[Privacy act statement](#)

[OMB #3170-0011](#)

File a money transfer complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

1. **What happened?**
2. Desired resolution
3. My information
4. Product information
5. Review

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

[Form trouble?](#)
[Chat now.](#)

This is the what happened field

3869 characters remaining

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included.

[Learn more.](#)

This is about a(n) *

Domestic (US) money transfer

Which of these best describes your issue? *

- Money was not available when promised
- Wrong amount charged or received
Transfer amounts, fees, exchange rates, taxes, etc.
- Incorrect/missing disclosures or info
- Other transaction issues
Unauthorized transaction, cancellation, refund, etc.
- Other service issues
Advertising or marketing, pricing, privacy, etc.
- Fraud or scam

Continue

[Privacy act statement](#)

[OMB #3170-0011](#)

File a money transfer complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- 2. **Desired resolution**
- 3. My information
- 4. Product information
- 5. Review

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

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.

[Form trouble?](#)
[Chat now.](#)

This is the desired resolution

3870 characters remaining

Continue [Back](#)

File a money transfer complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution **3. My information** 4. Product information 5. Review



Submitting on behalf of someone else may require signed, written permission.

[Form trouble?](#)
[Chat now.](#)

I am (the) Sender Recipient Filing on behalf of someone else

Select both boxes if submitting this complaint for a joint account. Select "Someone else" if assisting someone in submitting a complaint. Provide your information under "My contact information" and the other person's information under "Someone else".

I am submitting on behalf of Myself Someone else

My contact information

Salutation (Optional) ▼

First name

Middle name (Optional)

Last name

Suffix (Optional) ▼

United States ▼

Mailing address

Apartment, suite, building (Optional)

City

State* ▼

Zip Code

Phone (Optional)

Email

Account Holder's age is (Optional)

Submitting on behalf of someone else may require signed, written permission.

The consumer is a servicemember or is a spouse or dependent of a servicemember. (Optional)

[Continue](#) [Back](#)

[Privacy act statement](#)

[OMB #3170-0011](#)

File a money transfer complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened?
- ✓ Desired resolution
- ✓ My information
- 4. Product information**
- 5. Review

What company was used to send the money?

[Form trouble?](#)
[Chat now.](#)

Company name on the receipt

The company name you entered is not in our database. Please enter in the optional address information.

Do not submit a complaint if you do not want it to be forwarded to the company you select. All complaints submitted on this site will be sent to the company for response.

Account number associated with the company used for this transfer

Where did the transaction take place? (Optional)

Sender Information

United States ▼

Mailing address (Optional)

Apartment, suite, building (Optional)

City (Optional)

State *

Zip code

Phone (Optional)

Email (Optional)

How much was transferred? (Optional)

USD United States Dollar ▼

0.00

Amount must be in 0.00 format

Date of transfer (Optional)

When money was sent

3/1/2015



What is the transfer ID or transaction number? (Optional)

Transaction number or transfer ID may be found on money transfer receipt

ID or number

Funds promised date (Optional)

When funds expected

3/31/2015



Amount of error (Optional)

USD United States Dollar ▼

0.00

Amount must be in 0.00 format

Date issue occurred (Optional)

When error was found

3/1/2015



Person receiving funds

How was the transfer received? (Optional)

Deposited or credited to an account ▼

Company name

United States ▼

Account number associated with the company that received this transfer

Upload any supporting documents (Optional)

Copies of receipts, disclosures provided for transaction, account statements, advertisements/marketing letters, etc.

Attach documents

 [Back](#)

File a money transfer complaint

We'll forward your issue to the company, give you a tracking number, and keep you updated on the status of your complaint.

- ✓ What happened? ✓ Desired resolution ✓ My information ✓ Product information 5. **Review**



[Form trouble?](#)
[Chat now.](#)

WHAT HAPPENED [\[EDIT\]](#)

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

This is the what happened field

Consent to Publish? Consent provided

This is about a(n) Domestic (US) money transfer

Which of these best describes your issue? Money was not available when promised

DESIRED RESOLUTION [\[EDIT\]](#)

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

This is the desired resolution field

CONSUMER INFORMATION [\[EDIT\]](#)

Contact information

Mailing address

First name Middle name (Optional) Last name

Mailing address

Apartment, suite, building (Optional)

City DC Zip Code

United States

Email Email@cfpb.gov

Phone Phone (Optional)

I am submitting on behalf of Myself

PRODUCT INFORMATION [\[EDIT\]](#)

What company was used to send the money?

Company name

Company Address

City Zip Code

Account number Account number (Optional)

Where did the transaction take place? Online

Website or name of mobile app Website or name of mobile app (Optional)

Sender Information

First name Middle name (Optional) Last name

Mailing address (Optional)

Apartment, suite, building (Optional)

City (Optional) DC Zip code

United States

Phone (Optional)

Email@cfpb.gov

How much was transferred? 0.00 USD United States Dollar

Date of transfer 3/1/2015

What is the transfer ID or transaction number? ID or number

Funds promised date 3/31/2015

Amount of error 0.00 USD United States Dollar

Date issue occurred 3/1/2015

Person receiving funds

How was the transfer received? Deposited or credited to an account

Company name

Company address (Optional)

City (Optional) DC Zip code

United States

Website or name of mobile app (Optional)

Account number (Optional)

First name Middle name (Optional) Last name

Mailing address (Optional)

Apartment, suite, building (Optional)

City (Optional) DC Zip Code

United States

Phone (Optional)

Email@cfpb.gov

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



WHAT HAPPENED?

COMPANY INFORMATION
Incomplete

MY INFORMATION
Incomplete

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

What happened

[Why do we need this?](#)

What type of debt is this?

- Credit card
- Medical
- Auto
- Federal student loan
- Non-federal student loan
- Mortgage
- Payday loan
- Other (i.e. phone, health club, etc.)
- I do not know

Which of these best describes your issue?

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

What phone number are they calling?
(Optional)

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

This is the what happened field

3869 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.

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included. [Learn more](#)

Desired resolution

[Why do we need this?](#)

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

This is the desired resolution field

3864 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

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

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

An official website of the United States government

Submit a debt collection complaint



Who's contacting you about this debt?

Why do we need this?

Debt collection company name:

I do not know the debt collection company name

Address: (Optional)

Country: (Optional)

Zip code: (Optional)

City: (Optional)

State: (Optional)

Phone number: (Optional)

[Add another number](#)

Representative name or ID: (Optional)

Account number: (Optional)

Do you know where this debt came from?

Why do we need this?

Do you know where this debt came from?

Same company A different company I don't know

Company name:

I do not know the company name

Address: (Optional)

Address 2: (Optional)

WHAT HAPPENED?

COMPANY INFORMATION

MY INFORMATION
Incomplete

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Country:
(Optional)

Zip:
(Optional)

City:
(Optional)

State:
(Optional)

Phone number:
(Optional)

[Add another number](#)

Representative
name or ID:
(Optional)

Account number:
(Optional)

Submit a separate
complaint against
this company?

Yes No

Upload any supporting documents

[Why do we need this?](#)

Attach documents
(Optional)

SELECT FILE

We accept all file formats except executable files (.exe)

CONTINUE

Submit a debt collection complaint



<p>WHAT HAPPENED?</p> <p>COMPANY INFORMATION</p> <p>MY INFORMATION Incomplete</p> <p>REVIEW AND SUBMIT Incomplete</p> <p>Form trouble? Chat now.</p>	<h3>Personal information</h3> <p>Why do we need this?</p> <p>Salutation (Optional) <input type="text" value="Choose..."/></p> <p>First Name: <input type="text"/> Middle: (Optional) <input type="text"/></p> <p>Last Name: <input type="text"/> Suffix: (Optional) <input type="text" value="Choose..."/></p> <p>Last four digits of Social Security Number: (Optional) <input type="text"/></p> <p>Age: (Optional) <input type="text"/></p> <p>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.</p>
	<h3>Contact information</h3> <p>Why do we need this?</p> <p>Address: <input type="text"/></p> <p>Address 2: (Optional) <input type="text"/></p> <p>Country: <input type="text" value="United States"/> Zip code: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text" value="Choose..."/></p> <p>Phone Number: (Optional) <input type="text"/></p> <p>Email: <input type="text"/></p>

Military affiliation

[Why do we need this?](#)

The consumer is
now or was:
(Optional)
(Choose all that apply)

- A servicemember
- The dependent or spouse of a servicemember

Please enter the servicemember information below.

Salutation:
(Optional)

Choose... ▼

First Name:

Middle
(Optional)

Last Name:

Suffix:
(Optional)

Choose... ▼

Address:

Address 2:

Country:

Choose... ▼

Zip code:

City:

State:

Choose... ▼

Status:

Choose... ▼

Branch:

Choose... ▼

Rank:

Choose... ▼

CONTINUE

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

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

An official website of the United States government

Submit a debt collection complaint



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...

This is the what happened field

Consent to Publish?

Consent provided

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

This is the desired resolution field

WHAT HAPPENED?

COMPANY INFORMATION

MY INFORMATION

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

COMPANY INFORMATION

[Edit this section](#)

Debt collection company

Company Name

Do you know where this debt came from?

A different company

Original creditor

Company Name

MY INFORMATION

[Edit this section](#)

Your name

First Name Last Name

Mailing address

Address

City DC 20000

United States

The last four digits of your SSN

SSN

Contact information

email@cfpb.gov

Your age is

25

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

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

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

An official website of the United States government

Submit a payday or other consumer loan complaint Consumer Financial Protection Bureau

WHAT HAPPENED?
Incomplete

MY INFORMATION
Incomplete

COMPANY INFORMATION
Incomplete

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

If your complaint concerns lender collection practices on your loan, you should [submit a Debt Collection complaint](#).

What happened

[Why do we need this?](#)

Which type of loan is your complaint about?

- Installment loan
Loan paid in regular fixed payments, Rent-to-Own, appliances, medical, etc
- Pawn loan
Loan secured by personal property
- Title loan
Loan usually secured by a vehicle title
- Payday loan
Short-term loan or cash advance

Which of these best describes your issue?

- Charged fees or interest I didn't expect
- Can't stop lender from charging my bank account
- Received a loan I didn't apply for
- Applied for a loan, but didn't receive money
- Lender charged my bank account on wrong day or for wrong amount
- Lender didn't credit payment to my account
- Can't contact lender
- Lender repossessed or sold the vehicle
- Lender damaged or destroyed vehicle

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

This is the what happened field

3869 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.

I want the CFPB to publish this description on [consumerfinance.gov](#) so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included. [Learn more](#)

Desired resolution

[Why do we need this?](#)

What do you think would be a fair resolution to your

This is the desired resolution field

issue?

3864 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

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

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

An official website of the United States government

Submit a payday or other consumer loan complaint Consumer Financial Protection Bureau

WHAT HAPPENED?

MY INFORMATION
Incomplete

COMPANY INFORMATION
Incomplete

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Who is the borrower?

[Why do we need this?](#)

Who is the borrower of the loan?

I am the borrower

I am submitting on behalf of the borrower

What is your relationship to the borrower?

Housing counselor ▼

Borrower information

[Why do we need this?](#)

Salutation
(Optional)

Choose... ▼

First name

First name

Middle
(Optional)

Last name

Last name

Suffix
(Optional)

Choose... ▼

Address

Address

Address 2
(Optional)

Country

United States ▼

Zip code

City

State

Choose... ▼

Age
(Optional)

Your information

[Why do we need this?](#)

Salutation
(Optional)

Choose... ▼

First name

Middle
(Optional)

Last name

Suffix
(Optional)

Choose... ▼

Address

Address 2
(Optional)

Country

United States ▼

Zip code

City

State

Choose... ▼

Phone number
(Optional)

Email

If you enter your email address here, the CFPB will send you all further communications by email.

Military affiliation

[Why do we need this?](#)

The borrower is
(Optional)
(Choose all that apply)

- A servicemember or veteran
- The spouse or dependent of a servicemember or veteran

Current status

Choose... ▼

Branch

Choose... ▼

Rank

Choose... ▼

CONTINUE

Submit a payday or other consumer loan complaint Consumer Financial Protection Bureau

<p>WHAT HAPPENED?</p> <p>MY INFORMATION</p> <p>COMPANY INFORMATION</p> <p>REVIEW AND SUBMIT <small>Incomplete</small></p> <p>Form trouble? Chat now.</p>	<h3>Loan details</h3> <p>Why do we need this?</p> <p>Where did you get the loan? <small>(Optional)</small></p> <p><input checked="" type="radio"/> In person / at a store (even if you applied online) <input type="radio"/> Online</p> <hr/> <p>In which state is the store located? <small>(Optional)</small></p> <p><input type="text" value="Choose..."/></p> <p>This is important because different states have different lending laws.</p>
	<p>Loan number <small>(Optional)</small></p> <p><input type="text"/></p>
	<h3>Company details</h3> <p>Why do we need this?</p> <p>Company name</p> <p><input type="text" value="Company Name"/></p> <hr/> <p>Address <small>(Optional)</small></p> <p><input type="text"/></p> <p>Country <small>(Optional)</small></p> <p><input type="text" value="United States"/></p> <p>Zip code <small>(Optional)</small></p> <p><input type="text"/></p> <p>City <small>(Optional)</small></p> <p><input type="text"/></p> <p>State <small>(Optional)</small></p> <p><input type="text" value="Choose..."/></p>
	<h3>Upload any supporting documents</h3> <p>Why do we need this?</p> <p>Attach documents <small>(Optional)</small></p> <p><input type="text" value="SELECT FILE"/></p> <p>We accept all file formats except executable files (.exe)</p>
	<p>CONTINUE</p>

Submit a payday or other consumer loan complaint Consumer Financial Protection Bureau

WHAT HAPPENED?

MY INFORMATION

COMPANY INFORMATION

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Please review your information below before submitting. You can return to any section to make changes by clicking 'Edit this section'.

WHAT HAPPENED

[Edit this section](#)

Which type of loan is your complaint about?

Title loan

Which of these best describes your issue?

Can't contact lender

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

This is the what happened field

Consent to Publish?

Consent not provided

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

This is the desired resolution field

MY INFORMATION

[Edit this section](#)

Your name

First Name Last Name

Address

Address
City DC 20000
United States

Email

Email@cfpb.gov

Phone (Optional)

Who is the borrower of the loan?

I am the borrower

loan:

Age
(Optional)

COMPANY INFORMATION

[Edit this section](#)

Where did you get
the loan?
(Optional)

In person / at a store
District Of Columbia

Loan company

Company Name
United States

Loan number
(Optional)

Supporting
documents
(Optional)

- 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 prepaid card complaint



WHAT HAPPENED?

MY INFORMATION
Incomplete

COMPANY INFORMATION
Incomplete

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

What happened

[Why do we need this?](#)

Which of these best describes your issue?

- Managing, opening, or closing your account
- Fees
- Unauthorized transactions or other transaction issues
- Advertising, marketing or disclosures
- Adding money
- Overdraft, savings or rewards features
- Fraud or scam

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

This is the what happened field

3869 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.

I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included. [Learn more](#)

Desired resolution

[Why do we need this?](#)

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

This is the desired resolution field

3864 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](#)

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

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

An official website of the United States government

Submit a prepaid card complaint



WHAT HAPPENED?

MY INFORMATION
Incomplete

COMPANY INFORMATION
Incomplete

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Who is the cardholder?

[Why do we need this?](#)

Who is the cardholder?

- I am the cardholder
- I am submitting on behalf of the cardholder

Your information

[Why do we need this?](#)

Salutation
(Optional)

First name

Middle
(Optional)

Last name

Suffix
(Optional)

Address

Address 2
(Optional)

Country

Zip code

City

State

Email

If you enter your email address here, the CFPB will send you all further communications by email.

Phone number
(Optional)

Age
(Optional)

Military affiliation

[Why do we need this?](#)

I am
(Optional)
(Choose all that apply)

- A servicemember or veteran
- The spouse or dependent of a servicemember or veteran

CONTINUE

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

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

An official website of the United States government

Submit a prepaid card complaint



- WHAT HAPPENED?
- MY INFORMATION
- COMPANY INFORMATION
- REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Card details

[Why do we need this?](#)

Which type of card is your complaint about?

- Government benefit payment card
Used for receiving Social Security, unemployment compensation or a tax refund
- Electronic Benefit Transfer / EBT card
Used for receiving welfare payments like WIC, TANF, & SNAP
- ID prepaid card
Prepaid card attached to a student or other ID
- Transit card
A transit card used for shopping anywhere
- Gift or merchant card
Gift, loyalty or promotional card issued by a store
- General purpose card
Used for shopping anywhere
- Mobile wallet
Money held in a mobile, online or virtual account
- Payroll card
Used for receiving your paycheck from your employer
- Other special purpose card
Used for health care, insurance, rebates, phone or disaster assistance

Company details

[Why do we need this?](#)

Company name	<input type="text" value="Company Name"/>		
Address <small>(Optional)</small>	<input type="text"/>		
Country <small>(Optional)</small>	<input type="text" value="United States"/>	Zip code <small>(Optional)</small>	<input type="text"/>
City <small>(Optional)</small>	<input type="text"/>	State <small>(Optional)</small>	<input type="text" value="Choose..."/>
Phone number <small>(Optional)</small>	<input type="text"/>		

Upload any supporting documents

[Why do we need this?](#)

Attach documents
(Optional)

SELECT FILE
We accept all file formats except executable files (.exe)

CONTINUE

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

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

An official website of the United States government

Submit a prepaid card complaint



WHAT HAPPENED?

MY INFORMATION

COMPANY INFORMATION

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Please review your information below before submitting. You can return to any section to make changes by clicking 'Edit this section'.

WHAT HAPPENED

[Edit this section](#)

Which of these best describes your issue?

Fees

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

This is the what happened field

Consent to Publish?

Consent not provided

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

This is the desired resolution field

MY INFORMATION

[Edit this section](#)

Your name

First Name Last Name

Address

Address
City DC 20000
United States

Email

Email@cfpb.gov

Phone (Optional)

Who is the cardholder?

I am the cardholder

Age (Optional)

COMPANY INFORMATION

Edit this section

Which type of card
is your complaint
about?

General purpose card

Prepaid card
company

Company Name
United States

Supporting
documents
(Optional)

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 an other financial service complaint



<p>WHAT HAPPENED?</p> <p>MY INFORMATION Incomplete</p> <p>COMPANY INFORMATION Incomplete</p> <p>REVIEW AND SUBMIT Incomplete</p> <p>Form trouble? Chat now.</p>	<h3>What happened</h3> <p>Which type of service is your complaint about?</p> <ul style="list-style-type: none"> <input type="radio"/> Check cashing A store that cashes a check for a fee <input type="radio"/> Credit repair Services for improving your credit report <input type="radio"/> Debt settlement Services for reducing your debt balance <input checked="" type="radio"/> Foreign currency exchange Transactions that convert money between currencies <input type="radio"/> Money order A prepaid check for a set amount of money <input type="radio"/> Refund anticipation check A check paid to you by a bank or company with your expected tax refund <input type="radio"/> Traveler's/Cashier's checks A check with secured funds from a bank or other financial institution <p>Which of these best describes your issue?</p> <ul style="list-style-type: none"> <input type="radio"/> Advertising and marketing <input type="radio"/> Customer service/Customer relations <input checked="" type="radio"/> Disclosures <input type="radio"/> Excessive fees <input type="radio"/> Unexpected/Other fees <input type="radio"/> Incorrect exchange rate <input type="radio"/> Fraud or scam 	<h3>Why do we need this?</h3>
	<p>Describe what happened so we can understand the issue...</p>	<div data-bbox="779 1270 1437 1470" style="border: 1px solid #ccc; padding: 5px;"> <p>This is the what happened field</p> </div> <p>3869 characters remaining</p> <p>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.</p> <p><input type="checkbox"/> I want the CFPB to publish this description on consumerfinance.gov so that others can learn from my experience with this company. I understand that there is a small chance that someone may be able to identify me based on the information I've included. Learn more</p>
	<h3>Desired resolution</h3> <p>What do you think would be a fair resolution to your issue?</p>	<h3>Why do we need this?</h3> <div data-bbox="779 1879 1437 2016" style="border: 1px solid #ccc; padding: 5px;"> <p>This is the desired resolution field</p> </div>

3864 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

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

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

An official website of the United States government

Submit an other financial service complaint



WHAT HAPPENED?

MY INFORMATION
Incomplete

COMPANY INFORMATION
Incomplete

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Who received this service

[Why do we need this?](#)

Who received this service?

- I received this service
- I am submitting on behalf of the person who received this service

Your information

[Why do we need this?](#)

Salutation
(Optional)

First name

Middle
(Optional)

Last name

Suffix
(Optional)

Address

Address 2
(Optional)

Country

Zip code

City

State

Email

If you enter your email address here, the CFPB will send you all further communications by email.

Phone number
(Optional)

Age
(Optional)

Military affiliation

[Why do we need this?](#)

I am
(Optional)
(Choose all that apply)

- A servicemember or veteran
- The spouse or dependent of a servicemember or veteran

CONTINUE

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

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

An official website of the United States government

Submit an other financial service complaint



WHAT HAPPENED?	Company details Why do we need this?	
	Company name	<input type="text" value="Company Name"/>
MY INFORMATION	Address (Optional)	<input type="text"/>
COMPANY INFORMATION	Country (Optional)	<input type="text" value="United States"/> <input type="text" value="Zip code (Optional)"/>
REVIEW AND SUBMIT <small>Incomplete</small>	City (Optional)	<input type="text"/> <input type="text" value="State (Optional) Choose..."/>
Form trouble? Chat now.	Phone number (Optional)	<input type="text"/>
	Upload any supporting documents Why do we need this?	
	Attach documents (Optional)	<input type="text" value="SELECT FILE"/> We accept all file formats except executable files (.exe)
	CONTINUE	

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

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

An official website of the United States government

Submit an other financial service complaint



WHAT HAPPENED?

MY INFORMATION

COMPANY INFORMATION

REVIEW AND SUBMIT
Incomplete

[Form trouble? Chat now.](#)

Please review your information below before submitting. You can return to any section to make changes by clicking 'Edit this section'.

WHAT HAPPENED

[Edit this section](#)

Which type of service is your complaint about?

Foreign currency exchange

Which of these best describes your issue?

Disclosures

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

This is the what happened field

Consent to Publish?

Consent not provided

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

This is the desired resolution field

MY INFORMATION

[Edit this section](#)

Your name

First Name Last Name

Address

Address
City DC 20000
United States

Email

Email@cfpb.gov

Phone (Optional)

Who received the service?

I received the service

Age
(Optional)

COMPANY INFORMATION

Edit this section

Financial service
company

Company Name
United States

Supporting
documents
(Optional)

- 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

Email

Password

Log In

[Forgot your password?](#)

Not registered yet? [Set your password](#)

Log in

Username

Password

Log in

[Forgot your password?](#)

This is a Consumer Financial Protection Bureau (CFPB) information system. The CFPB is an independent agency of the United States Government. CFPB information systems are provided for the processing of official information only. Unauthorized or improper use of this system may result in administrative action, as well as civil and criminal penalties. Because this is a CFPB information system, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. All data contained on CFPB information systems is owned by CFPB and your use of the CFPB information system serves as your consent to your usage being monitored, intercepted, recorded, read, copied, captured or otherwise audited in any manner, by authorized personnel, including but not limited to employees, contractors, and/or agents of the United States Government.

Tell your story

This is not a complaint form. [Go here for complaints](#)

Tell us your story, good or bad, about your experience with consumer financial products. Your story will help inform how we work to protect consumers and create a fairer marketplace.

Describe what happened... *

Do not include sensitive information like your name, contact information, account number, or social security number in this field. You can provide your contact information below.

This is what happened

Tag your issue

Mortgage, credit card, student loan, etc.

Email Submit anonymously

Zip Code

First name

Last name

Phone

Is this about something you saw while working for a financial company? *

Yes No

Tell your story



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 3.2 / 2015

Product or service type

3 What is your complaint about?
CHOOSE ONE

- BANK ACCOUNT OR SERVICE
- CREDIT CARD
- CREDIT REPORTING
- MONEY TRANSFER
- MORTGAGE
- PAYDAY LOAN
- PREPAID CARD
- STUDENT LOAN
- VEHICLE LOAN OR LEASE
- OTHER CONSUMER LOAN
- OTHER FINANCIAL SERVICE

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

- CONTACTED COMPANY DIRECTLY
- CONTACTED ANOTHER GOVERNMENT AGENCY
- FILED LEGAL ACTION
- CONTACTED CONSUMER FINANCIAL PROTECTION BUREAU
- HIRED AN ATTORNEY
- 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: 50%;" type="text"/>
STREET		
<input style="width: 100%;" type="text"/>		
CITY	STATE	ZIP CODE
<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"/>
COUNTRY		
<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)



Formulario de queja

SOBRE PRODUCTOS O SERVICIOS FINANCIEROS

Cómo presentar una queja



Por Internet (recomendado)
consumerfinance.gov/complaint



Por teléfono
(855) 411-CFPB (2372)



Por correo
Oficina para la Protección Financiera del Consumidor
PO Box 4503, Iowa City, IA 52244



Por fax
(855) 237-2392

Después de presentar una queja



Presentación de la queja

Usted presenta una queja sobre un problema que tenga con una empresa acerca de un producto o servicio financiero de consumo. Usted recibirá actualizaciones por correo electrónico y podrá entrar al sistema para darle seguimiento al estado de su queja.



Revisión y proceso

Enviaremos su queja a la empresa y trabajaremos para obtener una respuesta. Si consideramos que otra agencia del gobierno está en mejores condiciones de ayudar, le enviaremos su queja a la misma y se lo informaremos.



Respuesta de la empresa

La empresa revisará su queja, se comunicará con usted cuando sea necesario y le informará Acerca de las medidas que se tomaron o que se tomarán en respuesta a su queja. En estos momentos, nuestros informes están en inglés, pero nos puede llamar al (855) 411-2372 para recibir ayuda de una persona que habla español.



Revisión del consumidor

Le informaremos sobre la respuesta de la empresa cuando recibamos la misma. Usted podrá revisar la respuesta y darnos su opinión.



Revisión e investigación

Los datos de las quejas se comparten con las autoridades estatales y federales. Las quejas nos informan sobre las prácticas comerciales que creen riesgos para los consumidores ocasionar riesgos a los consumidores. Si necesitamos más información, se lo haremos saber.



Análisis e informe

Las quejas ayudan con nuestro trabajo para supervisar a las empresas, hacer cumplir las leyes federales de protección al consumidor y redactar mejores normas y reglamentos. Asimismo, informamos al Congreso acerca de las quejas que recibimos y publicamos algunos datos de quejas de los consumidores.

NÚMERO DE QUEJA

¿NECESITA AYUDA CON ESTE FORMULARIO?
(855) 411-CFPB (2372)

VERSIÓN 3.2 / 2015

Tipo de producto o servicio

3 ¿De qué se trata esta queja?

ESCOJA UNO

- | | | |
|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> CUENTA O SERVICIO BANCARIO | <input type="checkbox"/> HIPOTECA | <input type="checkbox"/> PRÉSTAMO O ARRENDAMIENTO VEHICULAR |
| <input type="checkbox"/> TARJETA DE CRÉDITO | <input type="checkbox"/> PRÉSTAMO DE AVANCE DE PAGO | |
| <input type="checkbox"/> INFORME DE CRÉDITO | <input type="checkbox"/> TARJETA PREPAGADA | <input type="checkbox"/> OTRO PRÉSTAMO DE CONSUMO |
| <input type="checkbox"/> TRANSFERENCIA DE DINERO | <input type="checkbox"/> PRÉSTAMO ESTUDIANTIL | <input type="checkbox"/> OTRO SERVICIO FINANCIERO |

4 Cuéntenos en pocas palabras cuál fue el problema con este producto o servicio.

5 ¿Cuándo ocurrió esto?

OPCIONAL

MM DD AAAA

--	--	--	--	--	--	--	--

6 Basándose en lo que usted sabe en este momento, calcule el monto en dólares de lo perdido.

OPCIONAL

\$ _____

7 ¿Ha tratado de resolver el problema tomando alguna de las siguientes medidas?

OPCIONAL

- | | | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> COMUNICARSE DIRECTAMENTE CON LA EMPRESA | <input type="checkbox"/> COMUNICARSE CON OTRA AGENCIA DEL GOBIERNO | <input type="checkbox"/> INICIAR ACCIONES LEGALES |
| <input type="checkbox"/> COMUNICARSE CON LA OFICINA PARA LA PROTECCIÓN FINANCIERA DEL CONSUMIDOR | <input type="checkbox"/> CONTRATAR UN ABOGADO | <input type="checkbox"/> OTRO _____ |

Incluya detalles como, por ejemplo, los nombres e información de contacto de los organismos gubernamentales con los que se comunicó, las fechas en que se comunicó con ellos, los números de caso, el estado de tramitación de los casos, la información de contacto del abogado (si corresponde), etc.

NÚMERO DE QUEJA

¿NECESITA AYUDA CON ESTE FORMULARIO?
(855) 411-CFPB (2372)



Oficina para la Protección Financiera del Consumidor

Preguntas sobre préstamos hipotecarios (si corresponde)

La presentación de una queja no demorará ni detendrá, de forma automática, la ejecución hipotecaria. Si la queja que usted presenta no tiene que ver con un préstamo hipotecario, omite esta página.

8 ¿Le preocupa la posibilidad de perder su propiedad debido a la ejecución hipotecaria?

OPCIONAL

- SÍ
 NO

9 ¿Se ha atrasado con los pagos de su préstamo hipotecario o está en incumplimiento de pago del mismo?

OPCIONAL

- SÍ *También debe marcar "Sí" si la compañía hipotecaria considera que usted está en incumplimiento de pago o que se ha atrasado con los pagos, incluso si usted cree que la compañía está equivocada.*
 NO

10 ¿Se ha fijado una fecha para la venta de su vivienda por ejecución hipotecaria?

OPCIONAL

- SÍ *Si ya se ha fijado la fecha para la venta de su vivienda por ejecución hipotecaria, puede que usted haya recibido una "Notificación de remate" u "Orden judicial de remate".*
 NO
 NO SÉ

10a De ser así, ¿cuál es la fecha programada para la venta de su vivienda?

OPCIONAL

MM DD AAAA
 - -

Proporcione la fecha exacta, si puede. La fecha debe aparecer en la "Notificación de remate" u "Orden judicial de remate".

11 ¿Le pagó dinero a una empresa para que le ayudara a evitar la ejecución hipotecaria?

OPCIONAL

- SÍ *A este servicio se le denomina a veces "rescate (o defensa o prevención) de la ejecución hipotecaria" o "mitigación (o control) de pérdidas".*
 NO

NÚMERO DE QUEJA

¿NECESITA AYUDA CON ESTE FORMULARIO?
(855) 411-CFPB (2372)



Oficina para la Protección
Financiera del Consumidor

Datos personales

12 Presento la queja en representación:

- MÍA CONTESTE LA PREGUNTA 13, 13A Y 14
- DE OTRA PERSONA CONTESTE LAS PREGUNTAS 13, 13A, 14 Y 15

13 Datos del titular de la cuenta

NOMBRE	APELLIDO(S)		SUFIJO
<input type="text"/>	<input type="text"/>		<input type="text"/>
CALLE Y NÚMERO			
<input type="text"/>			
CIUDAD	ESTADO	CÓDIGO POSTAL	PAÍS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CORREO ELECTRÓNICO	TELÉFONO		
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		

13a Edad del titular de la cuenta
OPCIONAL

EDAD

14 Número de cuenta

15 Información de contacto de quien presenta la queja

Si usted presenta la queja en representación de otra persona, incluya aquí su propia información para que podamos informarle sobre el estado de tramitación de la queja.

NOMBRE	APELLIDO(S)		SUFIJO
<input type="text"/>	<input type="text"/>		<input type="text"/>
CALLE Y NÚMERO			
<input type="text"/>			
CIUDAD	ESTADO	CÓDIGO POSTAL	PAÍS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CORREO ELECTRÓNICO	TELÉFONO		
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		

NÚMERO DE QUEJA

¿NECESITA AYUDA CON ESTE FORMULARIO?
(855) 411-CFPB (2372)



Oficina para la Protección Financiera del Consumidor

Datos de la empresa

16 Nombre de la empresa

16a Dirección de la empresa
OPCIONAL

CALLE Y NÚMERO

CIUDAD

ESTADO

CÓDIGO POSTAL

PAÍS

16b Teléfono
OPCIONAL

 - -

16c Sitio web
OPCIONAL

Adjuntar documentos probatorios
OPCIONAL

Adjunte copias de cualquier documento que acredite la queja. La mejor manera en que podemos entender su queja es si tenemos la versión completa de documentos como, por ejemplo, contratos, cartas, estados de cuenta mensuales y comprobantes de transacciones. No incluya el original de los documentos.

NÚMERO DE QUEJA

¿NECESITA AYUDA CON ESTE FORMULARIO?
(855) 411-CFPB (2372)



Oficina para la Protección
Financiera del Consumidor

Historial militar (si corresponde)

Hay algunas protecciones a las que se pueden acoger los militares y sus cónyuges y dependientes. Si usted no tiene ninguna afiliación militar ni es cónyuge o dependiente de un militar, omite esta página.

17 El titular de la cuenta es o era:
 OPCIONAL
 (INDIQUE TODOS LOS QUE CORRESPONDAN)

- INTEGRANTE DE LAS FUERZAS ARMADAS (FF. AA.)CONTESTE LA PREGUNTA 17A
- CÓNYUGE / DEPENDIENTE DE UN INTEGRANTE DE LAS FF. AA. CONTESTE LAS PREGUNTAS 17A Y 17B

17a Historial de servicio militar
 OPCIONAL
 (ESCOJA UNA OPCIÓN EN CADA COLUMNA)

Estado actual

- EN ACTIVIDAD
- DE RESERVA
- GUARDIA NACIONAL
- EN RETIRO
- VETERANO (EX COMBATIENTE)

Rama

- EJÉRCITO
- MARINA
- INFANTERÍA DE MARINA
- FUERZA AÉREA
- SERVICIO DE GUARDACOSTAS
- SERVICIO DE SALUD PÚBLICA
- ADMINISTRACIÓN NACIONAL DE OCÉANOS Y ATMÓSFERA

Rango

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

17b Datos personales del integrante de las fuerzas armadas
 OPCIONAL

NOMBRE	APELLIDO(S)	SUFIJO
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
CALLE Y NÚMERO		
<input style="width: 100%;" type="text"/>		
CIUDAD	ESTADO	CÓDIGO POSTAL
<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"/>
PAÍS		
<input style="width: 100%;" type="text"/>		

NÚMERO DE QUEJA

¿NECESITA AYUDA CON ESTE FORMULARIO?
(855) 411-CFPB (2372)



Oficina para la Protección Financiera del Consumidor

Certificación

La información proporcionada es verdadera a mi leal saber y entender.
Entiendo que la CFPB no puede actuar como mi abogado, un tribunal o un asesor financiero.

Aviso sobre la Ley de Privacidad

La información que usted proporcione permitirá a la Oficina para la Protección Financiera del Consumidor (CFPB) atender su queja o consulta sobre las empresas y los servicios que supervisamos. La información sobre su queja o consulta (incluidos datos confidenciales) se puede poner a disposición de cualquiera de las siguientes partes:

- la empresa que es objeto de su queja;
- terceras partes, según sea necesario con el fin de obtener la información necesaria para atender la queja;
- tribunales, partes litigantes, abogados, entidades jurídicas o cortes administrativas, en el curso de un proceso judicial o administrativo, o el Departamento de Justicia;
- otros organismos o autoridades reguladoras, ya sean federales o estatales, para los fines establecidos por la ley o para los fines de cumplimiento de la ley, o
- contratantes, agentes y otras partes autorizadas por la CFPB para recibir esta información.

Por medio de una base de datos de quejas, también podemos poner a disposición del público su queja o consulta (salvo los datos confidenciales).

El presente instrumento de recolección de datos está autorizado por la Sección 5493 del Título 12 del Código de los Estados Unidos (12 U.S.C. §5493).

No es obligatorio presentar una queja o proporcionar datos confidenciales (incluyendo su número de Seguro Social). Además, puede retirar su queja en cualquier momento. Sin embargo, si usted no incluye la información solicitada, es posible que la CFPB no pueda tomar acción en relación a su queja.

Aviso sobre la recolección de información del consumidor

Número de control emitido por la Oficina de Administración y Presupuesto (OMB): 3170-0011

Utilizamos el presente formulario para recibir las quejas. Si usted no desea presentar una queja, no está obligado a llenar este formulario. Calculamos que se necesitan entre 7 y 10 minutos para llenar el formulario. El número de control emitido por la OMB para el formulario es

3170-0011 y tiene vigencia hasta el 31 de mayo de 2015. ¿Tiene usted algún comentario o sugerencia? Envíenos un mensaje a PRA@cfpb.gov.

NÚMERO DE QUEJA

¿NECESITA AYUDA CON ESTE FORMULARIO?
(855) 411-CFPB (2372)



Oficina para la Protección
Financiera del Consumidor



Debt Collection

What is this complaint about?

1 What type of debt is this?

CHOOSE ONE

- | | | |
|--------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> CREDIT CARD | <input type="checkbox"/> MEDICAL | <input type="checkbox"/> OTHER (I.E., PHONE, HEALTH CLUB, ETC.) |
| <input type="checkbox"/> MORTGAGE | <input type="checkbox"/> FEDERAL STUDENT LOAN | <input type="checkbox"/> I DON'T KNOW |
| <input type="checkbox"/> AUTO | <input type="checkbox"/> NON-FEDERAL STUDENT LOAN | |

2 Which of these best describes your issue?

ENTER THE NUMBER OF THE OPTION THAT BEST DESCRIBES YOUR ISSUE

OPTION NUMBER

Communication tactics

- 1A Frequent or repeated calls
- 1B Called outside of 8am-9pm
- 1C Used obscene, profane or other abusive language
- 1D Threatened to take legal action
- 1E Called after sent written cease of communication notice

False statements or representation

- 4A Attempted to collect wrong amount
- 4B Impersonated attorney, law enforcement or government official
- 4C Indicated committing crime by not paying debt
- 4D Indicated should not respond to lawsuit

Continued attempts to collect a debt I do not owe

- 2A Debt was discharged in bankruptcy
- 2B Debt resulted from identity theft
- 2C Debt was paid
- 2D Debt is not mine

Improper contact or sharing of information

- 5A Contacted me after I asked not to
- 5B Contacted my employer after I asked not to
- 5C Contacted me instead of my attorney
- 5D Talked to a third party about my debt

Disclosure or verification of debt

- 3A Did not receive notice of right to dispute
- 3B Not enough information to verify debt (i.e. amount of debt & name of creditor)
- 3C Did not disclose communication was an attempt to collect a debt

Taking or threatening to take an illegal action

- 6A Threatened to arrest me or take me to jail if I do not pay
- 6B Threatened to sue me on debt that is too old to be sued on
- 6C Sued me without properly notifying me of lawsuit
- 6D Sued me where I did not live or did not sign for the debt
- 6E Collected or attempted to collect exempt funds (i.e. unemployment, child support, etc.)
- 6F Seized or attempted to seize property

3 If someone is contacting you by phone, what number are they calling?

OPTIONAL

PHONE NUMBER

CASE NUMBER

What happened?

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

4 Describe what happened so we can understand the issue

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

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.

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

Do not include sensitive information like your name, contact information, account number, or Social Security Number in this field.

CASE NUMBER

Who's contacting you about this debt?

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.

<p>6 Debt collection company name</p>	<div style="display: flex; align-items: center;"> <input style="width: 450px; height: 30px; margin-right: 10px;" type="text"/> <input type="checkbox"/> I DON'T KNOW THE DEBT COLLECTION COMPANY NAME </div>
<p>6a Company contact information <i>OPTIONAL</i></p> <p><i>Even if you don't know the company's name, please try your best to 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.</i></p>	<p>STREET <input style="width: 100%; height: 30px;" type="text"/></p> <p>CITY STATE ZIP CODE COUNTRY</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input style="width: 100%; height: 30px;" type="text"/></p> </div> <div style="width: 10%;"> <p><input style="width: 100%; height: 30px;" type="text"/></p> </div> <div style="width: 20%;"> <p><input style="width: 100%; height: 30px;" type="text"/></p> </div> <div style="width: 25%;"> <p><input style="width: 100%; height: 30px;" type="text"/></p> </div> </div> <p>REPRESENTATIVE NAME OR ID PHONE NUMBER</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p><input style="width: 100%; height: 30px;" type="text"/></p> </div> <div style="width: 40%;"> <p><input style="width: 100%; height: 30px;" type="text"/> - <input style="width: 100%; height: 30px;" type="text"/> - <input style="width: 100%; height: 30px;" type="text"/></p> </div> </div> <p>ACCOUNT NUMBER</p> <p><input style="width: 100%; height: 30px;" type="text"/></p>
<p>Attach any supporting documents</p>	<p><i>Here we're asking for copies of any documents about your complaint. Documents like contracts, letters, monthly statements, and transaction receipts can help us better understand your complaint.</i></p>

CASE NUMBER

Do you know where this debt came from?

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."

<p>7 Do you know where this debt came from? OPTIONAL, CHOOSE ONE</p>	<p><input type="checkbox"/> SAME COMPANY.....CONTINUE TO QUESTION 10</p> <p><input type="checkbox"/> DIFFERENT COMPANYFILL OUT QUESTIONS 8 & 9</p> <p><input type="checkbox"/> I DON'T KNOWCONTINUE TO QUESTION 10</p>
<p>8 Company name</p>	<p><input type="text"/></p> <p><input type="checkbox"/> I DON'T KNOW THE COMPANY NAME</p>
<p>8a Company contact information</p> <p><i>Even if you don't know the company's name, please try your best to 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.</i></p>	<p>STREET <input type="text"/></p> <p>CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/> COUNTRY <input type="text"/></p> <p>REPRESENTATIVE NAME OR ID <input type="text"/> PHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>ACCOUNT NUMBER <input type="text"/></p>
<p>9 Submit a separate complaint against this company?</p>	<p><input type="checkbox"/> YES <i>By selecting yes, we will create a separate complaint against this company. This will be in addition to your complaint against the debt collection company.</i></p> <p><input type="checkbox"/> NO</p>

CASE NUMBER

Personal information

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.

10 Are you filing on behalf of someone else?

- YES, I AM FILING ON BEHALF OF SOMEONE ELSE.....FILL OUT QUESTIONS 11 & 12
- NO, I AM FILING ON BEHALF OF MYSELF FILL OUT QUESTION 11

11 Consumer's identification information

We'll use this information to contact you about the status of your 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"/>		

11a Additional identification
OPTIONAL

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	AGE
<input type="text"/>	<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.

12 Contact information of person submitting 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"/>
PHONE NUMBER			
<input type="text"/> - <input type="text"/> - <input type="text"/>			

CASE NUMBER

Military affiliation

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

<p>13 The consumer is now or was: OPTIONAL, CHECK ALL THAT APPLY</p>	<p><input type="checkbox"/> A SERVICEMEMBER FILL OUT QUESTION 13A</p> <p><input type="checkbox"/> THE SPOUSE / DEPENDENT OF A SERVICEMEMBER..... FILL OUT QUESTIONS 13A & 13B</p>		
<p>13a Service details CHOOSE ONE IN EACH COLUMN</p>	<p>Current status</p> <p><input type="checkbox"/> ACTIVE</p> <p><input type="checkbox"/> RESERVE</p> <p><input type="checkbox"/> NATIONAL GUARD</p> <p><input type="checkbox"/> RETIRED</p> <p><input type="checkbox"/> VETERAN</p>	<p>Branch</p> <p><input type="checkbox"/> ARMY</p> <p><input type="checkbox"/> NAVY</p> <p><input type="checkbox"/> MARINES</p> <p><input type="checkbox"/> AIR FORCE</p> <p><input type="checkbox"/> COAST GUARD</p> <p><input type="checkbox"/> PUBLIC HEALTH SERVICE</p> <p><input type="checkbox"/> NATIONAL OCEANIC & ATMOSPHERIC ADMIN</p>	<p>Rank</p> <p><input type="checkbox"/> E1 - E4</p> <p><input type="checkbox"/> E5 - E7</p> <p><input type="checkbox"/> E8 - E9</p> <p><input type="checkbox"/> O1 - O3</p> <p><input type="checkbox"/> O4 - O6</p> <p><input type="checkbox"/> O7 - O10</p> <p><input type="checkbox"/> W01 - CW5</p>
<p>13b Servicemember personal information</p>	<p>FIRST NAME <input type="text"/> LAST NAME <input type="text"/> SUFFIX <input type="text"/></p> <p>STREET <input type="text"/></p> <p>CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/> COUNTRY <input type="text"/></p>		

CASE NUMBER

Authorization

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.

SIGNATURE

DATE

Ways to submit this form



By mail

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



By fax

(855) 237-2392

Other ways to submit your complaint



Online

consumerfinance.gov/complaint



Over the phone

(855) 411-2372

CASE NUMBER

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

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

CASE NUMBER

VERSION 3.2 / 2015



Cobro de deudas

¿De qué se trata esta queja?

1 ¿Qué tipo de deuda es?

ESCOJA UNO

 TARJETA DE CRÉDITO CUENTAS MÉDICAS OTRO (TELÉFONO, GIMNASIO, ETC.) PRÉSTAMO HIPOTECARIO PRÉSTAMO ESTUDIANTIL FEDERAL NO SÉ AUTOMÓVIL PRÉSTAMO ESTUDIANTIL PRIVADO

2 ¿Cuál de las siguientes opciones mejor describe su problema?

ESCRIBA EL NÚMERO DE LA OPCIÓN QUE MEJOR DESCRIBA SU PROBLEMA

NÚMERO DE OPCIÓN

Tácticas de comunicación

1A Llaman frecuentemente o repetidamente**1B** Llaman antes de las 8am o después de las 9pm**1C** Usan lenguaje soez, ofensivo o insultante**1D** Amenazan con acción legal**1E** Siguen llamando tras recibir por escrito que suspendan comunicaciones

Intentos repetidos de cobrar deudas que no me corresponden

2A La deuda fue eliminada por quiebra**2B** La deuda es el resultado del robo de identidad**2C** La deuda fue saldada**2D** La deuda no es mía

Omisión de información obligatoria o de la verificación de la deuda

3A No me informaron sobre mi derecho a impugnar la validez de la deuda**3B** No hay información suficiente para verificar la validez de la deuda (*el monto y el acreedor*)**3C** No me informaron que era un intento de cobrar una deuda

Falsa declaración o representación

4A Intentaron cobrar un monto indebido**4B** Se hicieron pasar por abogados o por funcionarios del orden público o del Gobierno**4C** Indicaron que violé la ley al no pagar la deuda**4D** Indicaron que no debo responder a la demanda

Comunicación inoportuna o cesión indebida de datos

5A No hicieron caso a mi petición de que no se comunicaran conmigo**5B** No hicieron caso a mi petición de que no se comunicaran con mi empleador**5C** Se comunicaron conmigo y no con mi abogado**5D** Hablaron con terceros sobre mi deuda

Amenazas o iniciación de medidas ilegales

6A Amenazaron con arrestarme o llevarme a la cárcel si no pago la deuda**6B** Amenazaron con demandarme por una deuda que está exenta por su antigüedad**6C** Me demandaron sin darme la debida notificación**6D** Me demandaron en un lugar donde no residí o donde no contraí la deuda**6E** Embargaron o intentaron embargar ingresos que están exentos para efectos del cobro de la deuda (*seguro de desempleo, pensión para los hijos, etc.*)**6F** Tomaron posesión de bienes o intentaron hacerlo

3 Si alguien se está comunicando con usted por teléfono, ¿a qué número está llamando?

OPCIONAL

TELÉFONO

NÚMERO DE CASO

¿Quién se ha comunicado con usted respecto a esta deuda?

Queremos saber tanto como usted nos pueda decir sobre la empresa que intenta cobrar la deuda. Aunque no sepa el nombre de la empresa, trate de proporcionar algún número de teléfono para la misma, el nombre de alguno de sus representantes o un número de cuenta. Por nuestra parte, haremos todo lo posible para localizar la empresa.

6 Nombre de la empresa de cobro de deudas	<input type="text"/> <input type="checkbox"/> NO SÉ EL NOMBRE DE LA EMPRESA
6a Información de contacto de la empresa de cobro de deudas <i>OPCIONAL</i> <i>Aunque no sepa el nombre de la empresa, trate de proporcionar algún número de teléfono para la misma, el nombre de alguno de sus representantes o un número de cuenta. Por nuestra parte, haremos todo lo posible para localizar la empresa.</i>	CALLE Y NÚMERO <input type="text"/> CIUDAD <input type="text"/> ESTADO <input type="text"/> CÓDIGO POSTAL <input type="text"/> PAÍS <input type="text"/> NOMBRE O IDENTIFICACIÓN DEL REPRESENTANTE <input type="text"/> TELÉFONO <input type="text"/> - <input type="text"/> - <input type="text"/> NÚMERO DE CUENTA <input type="text"/>
Adjuntar documentos probatorios <i>OPCIONAL</i>	<i>Adjunte copias de cualquier documento que acredite la queja. La mejor manera en que podamos entender su queja es si tenemos la versión completa de documentos como, por ejemplo, contratos, cartas, estados de cuenta mensuales y comprobantes de transacciones. No incluya el original de los documentos.</i>

NÚMERO DE CASO

Datos personales

Usted debe proporcionar su nombre completo y los cuatro últimos dígitos de su número de Seguro Social para que la empresa pueda encontrar su expediente y responder a su queja.

10 Datos de información de contacto

Vamos a usar estos datos para informarle sobre el estado de tramitación de su queja.

NOMBRE	APELLIDO(S)	SUFIJO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CALLE Y NÚMERO			
<input type="text"/>			
CIUDAD	ESTADO	CÓDIGO POSTAL	PAÍS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CORREO ELECTRÓNICO	TELÉFONO		
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		

10a Otros datos de identificación

OPCIONAL

CUATRO ÚLTIMOS DÍGITOS DE SU NÚMERO DE SEGURO SOCIAL	EDAD
<input type="text"/>	<input type="text"/>

Las empresas utilizan esta información para encontrar en sus registros el expediente del cliente y responder a las quejas. La omisión de estos datos puede demorar o imposibilitar la respuesta de la empresa.

11 Otro contacto

OPCIONAL

Utilice esta sección si desea que le informemos a otra persona sobre el estado de tramitación de la queja.

NOMBRE	APELLIDO(S)	SUFIJO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CALLE Y NÚMERO			
<input type="text"/>			
CIUDAD	ESTADO	CÓDIGO POSTAL	PAÍS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TELÉFONO			
<input type="text"/> - <input type="text"/> - <input type="text"/>			

NÚMERO DE CASO

Historial militar

Hay algunas protecciones a las que se pueden acoger los militares y sus cónyuges y dependientes.

<p>12 El consumidor es o era: OPCIONAL (INDIQUE TODOS LOS QUE CORRESPONDAN)</p>	<p><input type="checkbox"/> INTEGRANTE DE LAS FUERZAS ARMADAS (FF. AA.) CONTESTE LA PREGUNTA 12A</p> <p><input type="checkbox"/> CÓNYUGE / DEPENDIENTE DE UN INTEGRANTE DE LAS FF. AA..... CONTESTE LAS PREGUNTAS 12A Y 12B</p>
------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>12a Historial de servicio militar ESCOJA UNA OPCIÓN EN CADA COLUMNA</p>	<p>Estado actual</p> <p><input type="checkbox"/> ACTIVO</p> <p><input type="checkbox"/> RESERVA</p> <p><input type="checkbox"/> GUARDIA NACIONAL</p> <p><input type="checkbox"/> EN RETIRO</p> <p><input type="checkbox"/> VETERANO (EX COMBATIENTE)</p>	<p>Rama</p> <p><input type="checkbox"/> EJÉRCITO</p> <p><input type="checkbox"/> MARINA</p> <p><input type="checkbox"/> INFANTERÍA DE MARINA</p> <p><input type="checkbox"/> FUERZA AÉREA</p> <p><input type="checkbox"/> SERVICIO DE GUARDACOSTAS</p> <p><input type="checkbox"/> SERVICIO DE SALUD PÚBLICA</p> <p><input type="checkbox"/> ADMINISTRACIÓN NACIONAL DE OCÉANOS Y ATMÓSFERA</p>	<p>Rango</p> <p><input type="checkbox"/> E1 - E4</p> <p><input type="checkbox"/> E5 - E7</p> <p><input type="checkbox"/> E8 - E9</p> <p><input type="checkbox"/> O1 - O3</p> <p><input type="checkbox"/> O4 - O6</p> <p><input type="checkbox"/> O7 - O10</p> <p><input type="checkbox"/> W01 - CW5</p>
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<p>12b Datos personales del integrante de las fuerzas armadas</p>	<p>NOMBRE <input type="text"/></p>			<p>APELLIDO(S) <input type="text"/></p>			<p>SUFIJO <input type="text"/></p>		
<p>CALLE Y NÚMERO <input type="text"/></p>									
<p>CIUDAD <input type="text"/></p>			<p>ESTADO <input type="text"/></p>		<p>CÓDIGO POSTAL <input type="text"/></p>			<p>PAÍS <input type="text"/></p>	

NÚMERO DE CASO

Certificación

La información proporcionada es verdadera a mi leal saber y entender.
Entiendo que la CFPB no puede actuar como mi abogado, un tribunal o un asesor financiero.

FIRMA

FECHA

Maneras de presentar este formulario

**Por correo**

Oficina para la Protección Financiera Del Consumidor
PO Box 4503, Iowa City, IA 52244

**Por fax**

(855) 237-2392

Otras maneras de presentar su queja

**Por Internet**

consumerfinance.gov/complaint

**Por teléfono**

(855) 411-2372

NÚMERO DE CASO

VERSIÓN 3.0 / 2013



Oficina para la Protección
Financiera del Consumidor

Aviso sobre la Ley de Privacidad

La información que usted proporcione permitirá a la Oficina para la Protección Financiera del Consumidor (CFPB) atender su queja o consulta sobre las empresas y los servicios que supervisamos. La información sobre su queja o consulta (incluidos datos confidenciales) se puede poner a disposición de cualquiera de las siguientes partes:

- la empresa que es objeto de su queja;
- terceras partes, según sea necesario con el fin de obtener la información necesaria para atender la queja;
- tribunales, partes litigantes, abogados, entidades jurídicas o cortes administrativas, en el curso de un proceso judicial o administrativo, o el Departamento de Justicia;
- otros organismos o autoridades reguladoras, ya sean federales o estatales, para los fines establecidos por la ley o para los fines de cumplimiento de la ley, o
- contratantes, agentes y otras partes autorizadas por la CFPB para recibir esta información.

Por medio de una base de datos de quejas, también podemos poner a disposición del público su queja o consulta (salvo los datos confidenciales).

El presente instrumento de recolección de datos está autorizado por la Sección 5493 del Título 12 del Código de los Estados Unidos (12 U.S.C. §5493).

No es obligatorio presentar una queja o proporcionar datos confidenciales (incluyendo su número de Seguro Social). Además, puede retirar su queja en cualquier momento. Sin embargo, si usted no incluye la información solicitada, es posible que la CFPB no pueda tomar acción en relación a su queja.

Aviso sobre la recolección de información del consumidor

Número de control emitido por la Oficina de Administración y Presupuesto (OMB): 3170-0011

Utilizamos el presente formulario para recibir las quejas. Si usted no desea presentar una queja, no está obligado a llenar este formulario. Calculamos que se necesitan entre 7 y 10 minutos para llenar el formulario. El número de control emitido por la OMB para el formulario es 3170-0011 y tiene vigencia hasta el 30 de noviembre del 2014. ¿Tiene usted algún comentario o sugerencia? Envíenos un mensaje a PRA@cfpb.gov.

NÚMERO DE CASO

VERSIÓN 3.0 / 2013



P.O. Box 4503
Iowa City, Iowa 52244

CONSUMER RESPONSE CENTER AGENT CALL SCRIPTS

Version 5.01
(Presented in script # order)

March 1, 2015

Script #	Script Text	Comments/Notes
i1	<p>Good <time of day>! Thank you for calling the Consumer Financial Protection Bureau.</p> <p>Does record auto-populate from IVR? <Select YES or NO> button</p>	<p>Note: Script page number NOT visible.</p>
i2	<p><i>{If Caller punched in case number on phone and the case auto populates.}</i></p> <p>Can you confirm that you are calling about a case number ending in "xxxx"? Use the last 4 digits of the case number for verification.</p> <p>Verify the caller: I need to ask a couple of questions to verify your identity. - What is your name? Confirm contact or complainant's name. - Can you verify the address, including zip code and email address?</p> <p><Go to Closing> button <Beginning> button</p>	<p>i2</p>
i3	<p><i>Closing for existing cases}</i></p> <p>If Zip code has not been provided:</p> <p>If you don't mind, can I get your Zip code for tracking purposes?</p> <p>Zip Code <Fill in Zip Code></p> <p>Thank you for calling the Consumer Financial Protection Bureau. You can also find more information at consumerfinance.gov.</p> <p><Beginning> button <Previous> button</p>	<p>i3</p>
i4	<p><i>{If the case does not auto populate.}</i></p> <p>Are you calling in reference to a complaint you already have on file?* <Select YES or NO> button</p> <p>If the caller speaks Spanish transfer to 330002.</p>	

Script #	Script Text	Comments/Notes
	<p data-bbox="306 272 953 302">< PRODUCT SELECTION HINTS (Click here) > button</p> <p data-bbox="306 367 978 396"><i>{Dynamic, if agent clicks to open Product selection hints}</i></p> <p data-bbox="306 435 1545 490"><i>1) Bank account or service for checking and savings accounts, debit cards, CDs, cashing a check without an account or other bank services.</i></p> <p data-bbox="306 500 474 529"><i>2) Credit card</i></p> <p data-bbox="306 539 1474 594"><i>3) Consumer loan for vehicle loans and leases, installment loans (e.g. medical, appliance, vacation, funeral), title loans, pawn loans or a personal line of credit.</i></p> <p data-bbox="306 604 1545 688"><i>4) Credit reporting for incorrect information on a credit report, problems with a credit reporting company's investigation, improper use of a credit report, inability to obtain a credit report, credit monitoring or identity protection services.</i></p> <p data-bbox="306 698 1545 753"><i>5) Debt collection for problems related to attempts to contact you by a collection company regarding debt owed, or alleged to be owed.</i></p> <p data-bbox="306 763 1201 792"><i>6) Money transfers for transfers of money within the U.S. and internationally.</i></p> <p data-bbox="306 802 1453 831"><i>7) Mortgage for mortgages, second mortgages, home equity lines of credit, reverse mortgage, etc.</i></p> <p data-bbox="306 841 1251 870"><i>8) Non-product inquiry for any question that is not about one of the products listed above.</i></p> <p data-bbox="306 880 1545 964"><i>9) Other financial service for non-bank check cashing services, credit repair (EXCEPT for problems with a credit report), debt settlement (EXCEPT for a problem with a debt collector), foreign currency exchange, money orders, refund anticipation checks and traveler's or cashier's checks.</i></p> <p data-bbox="306 974 1503 1029"><i>10) Payday loan for all problems related to payday loans, EXCEPT those concerning lender collection practices on a payday loan, which should be identified as a "Debt collection" complaint</i></p> <p data-bbox="306 1039 1486 1123"><i>11) Prepaid card for general reloadable prepaid cards, government benefit payment cards (e.g. unemployment, social security), EBT cards (e.g. WIC, TANF, SNAP), ID prepaid cards (e.g. students), transit cards, gift or merchant cards, mobile wallets, payroll cards, and other special purpose cards.</i></p> <p data-bbox="306 1133 1512 1188"><i>12) Student loan for Federal (Stafford, Direct, Consolidation, PLUS, Perkins), Non-federal (e.g. private, alternative, or other student loan).</i></p> <p data-bbox="306 1198 1419 1253"><i>HT: If the caller is asking about a product not mentioned above, go to and follow Answer 1836. Afterwards, click "Go to closing" and select the product/sub-product that best fits the topic.</i></p> <p data-bbox="306 1344 1482 1399">If the caller is speaking Spanish or has been transferred to a Spanish speaking agent: Could you confirm that you would like to receive written communication from us in Spanish?* (If Yes,</p>	<p data-bbox="1572 1084 1965 1140">Default value: Language Preference: ENGLISH</p>

Script #	Script Text	Comments/Notes
	<p>Select Spanish.) <Select English (US) or Spanish></p> <p><Go to Closing> button Use the "Go to Closing" button on this screen only if you are saving a partial case, i.e. a call was disconnected part way through taking a complaint.</p> <p><Previous> button <Next> button</p>	
03	<p>Thank you. I'll be happy to help you.</p> <p>Choose "Question" or "Complaint" based on information provided. If you are uncertain ask consumer.</p> <p>Do you want to file a complaint or do you need help with a question?*</p> <p><Select Question or Complaint> button</p> <p><Beginning> button <Previous> button <Next> button</p>	
04	Deleted	
05	Deleted	
6 [standard script page]	<p><i>{If caller has a Question}</i></p> <p>If the consumer has not already provided their question, say: I would be more than happy to research your inquiry to try and provide you an answer. What specific question did you have?</p> <p>Search the Knowledgebase using keywords. If the answer is not readily available in the Knowledgebase, check the Consumer Action Handbook. If product falls outside CFPB scope, refer to Knowledgebase 1836.</p> <p>OR Go to consumerfinance.gov/askcfpb and search for an answer.</p> <p>If information is in CFPB scope and still not found: Unfortunately, I can't find any information about your specific question. To request that your question be</p>	

Script #	Script Text	Comments/Notes
	<p>added to our database of FAQs about financial issues, visit on our website at consumerfinance.gov/askcfpb. Ask CFPB is an interactive online tool for helping consumers find clear unbiased answers to financial questions. If you select the option to have us contact you by email, we'll let you know if your question is answered and added to Ask CFPB. You also always have the option to continue with a complaint if desired. <i>HT: CFPB Phone #: 1 (855) 411-CFPB (2372)</i></p> <p>Would you like to continue with either of these? If consumers choose to submit their questions, offer to guide them to the Add a New Question button on our website. (Agents may also offer to submit it online or through our Propose button for consumers if requested. If consumers wish to submit complaints, click "<i>Click if consumer wants to file complaint</i>" button. If consumers say no, click "<i>Go to closing</i>" button.</p> <p><Go to Closing> button <Click if Consumer wants to file Complaint> button <Beginning> button <Previous> button</p>	<p>6</p>
<p>6</p> <p>[2015 customer service survey page - temporary language highlighted]</p>	<p><i>{If caller has a Question}</i></p> <p>If the consumer has not already provided their question, say: I would be more than happy to research your inquiry to try and provide you an answer. Also, at the end you'll have a chance to take a short survey to help us improve this service. Now, what specific question did you have?</p> <p>Search the Knowledgebase using keywords. If the answer is not readily available in the Knowledgebase, check the Consumer Action Handbook. If product falls outside CFPB scope, refer to Knowledgebase 1836.</p> <p>OR Go to consumerfinance.gov/askcfpb and search for an answer.</p> <p>If information is in CFPB scope and still not found: Unfortunately, I can't find any information about your specific question. To request that your question be added to our database of FAQs about financial issues, visit on our website at consumerfinance.gov/askcfpb. Ask CFPB is an interactive online tool for helping consumers find clear unbiased answers to financial questions. If you select the option to have us contact you by email, we'll let you know if your question is answered and added to Ask CFPB. You also always have the option to</p>	

Script #	Script Text	Comments/Notes
	<p>continue with a complaint if desired. <i>HT: CFPB Phone #: 1 (855) 411-CFPB (2372)</i></p> <p>Would you like to continue with either of these? If consumers choose to submit their questions, offer to guide them to the Add a New Question button on our website. (Agents may also offer to submit it online or through our Propose button for consumers if requested. If consumers wish to submit complaints, click “<i>Click if consumer wants to file complaint</i>” button. If consumers say no, click “<i>Go to closing</i>” button.</p> <p><Go to Closing> button <Click if Consumer wants to file Complaint> button <Beginning> button <Previous> button</p>	6
07	<p><i>{If HL product is Credit Card}</i> To best assist you, I need to ask you a few questions.</p> <p>Does your card say “debit” or “check card” on the front of it? < Select YES or NO></p>	7
08	<p><i>{If product says Debit/Check card}</i> Since your card says [debit/check] card, is it associated with your checking account or your savings account?</p> <p>Select Product*. <Select HL Product or HL and Sub-Product from drop down></p>	8
09	DELETED	April 2014: Deactivated Script 9
10	DELETED	April 2014: Deactivated Script 10
11	DELETED	April 2014: Deactivated Script

Script #	Script Text	Comments/Notes
		11
12	DELETED	April 2014: Deactivated Script
		12
13	DELETED	April 2014: Deactivated Script
		13
14	DELETED	April 2014: Deactivated Script
		14
15	DELETED	
		15
16	DELETED	April 2014: Deactivated Script
		16
17	DELETED	April 2014: Deactivated Script
		17
18	<p>If consumer has NOT identified the type of student loan, then say: "Are you calling in regards to a federal or non-federal student loan?"</p> <p>___ Federal (Say: "FFEL, Stafford, Direct, Consolidation, PLUS, Grad PLUS, NDSL Perkins")</p> <p>___ Non-Federal (Say: "Private, Alternative, Other Student Loan:")</p> <p>___ Consumer is not sure</p> <p><Beginning> button</p> <p><Previous> button</p>	
		18
19	<p><i>{If caller has a Federal Student loan}</i></p> <p>Currently the CFPB is only receiving complaints for non-Federal student loans. Since your loan is a federal loan, the Department of Education will be able to further assist you.</p> <p>Provide the contact information for the Department of Education and then cold transfer.</p>	

Script #	Script Text	Comments/Notes
	<p>Department of Education Federal Student Aid Ombudsman: http://studentaid.ed.gov 1 (877) 557-2575</p> <p>Before you file a complaint you may want to click on Repay Your Loans found in the top menu for information about locating your servicers, learning more about payment, deferment and forbearance options or help with disputes.</p> <p>Thank you for contacting the Consumer Financial Protection Bureau, there is more information about financial products on our website consumerrfinance.gov. May I place you on a brief hold while I connect you?</p>	
20	<p><i>{If caller is not sure if their loan is private or federal}</i></p> <p>Currently the CFPB is only receiving complaints for non-federal student loans.</p> <p>To check whether your student loan is federal or non-federal, I can transfer you to the Department of Education or refer you to the National Student Loan Data System for Students website.</p> <p>Phone: 1 (800) 4-FED-AID (1 (800) 433-3243) Website: https://www.nsls.ed.gov</p> <p>Once you are on the NSLDS website, select "Financial Aid Review" for a list of all federal loans made to you. Click 'Accept' twice and then you will be prompted to enter personal information. Check each individual loan to see who the servicer is for that loan (this is the company that collects payments from you).</p> <p>A few helpful tips for federal and non-federal loans: Federal loans:</p> <ul style="list-style-type: none"> • Probably have a name like Stafford, PLUS, Direct, or Perkins <p>Non-federal loans:</p> <ul style="list-style-type: none"> • Issued by a bank, credit union, your school, or other lending institution • Might use names like "private" or "alternative" • Issued by a non-profit or state agency • If you're not sure whether you have non-federal loans, contact your school's financial aid office since they may have this information on file. 	19

Script #	Script Text	Comments/Notes
21	<p><i>{If caller is filing a Credit reporting complaint}</i></p> <p>Which of these best describes your issue?* <i>{Dropdown list with issues and sub issues}</i></p> <ul style="list-style-type: none"> • Incorrect Information on Credit Report <ul style="list-style-type: none"> ○ Information is not mine ○ Account terms ○ Account status ○ Personal information ○ Public Record ○ Reinserted previously deleted information • Credit reporting company’s investigation <ul style="list-style-type: none"> ○ Investigation took too long ○ No notice of investigation status/result ○ Inadequate help over the phone ○ Problem with statement of dispute • Improper use of my credit report <ul style="list-style-type: none"> ○ Report improperly shared by CRA ○ Received marketing offer after opting out ○ Report shared with employer without consent • Unable to get credit report/score <ul style="list-style-type: none"> ○ Problem getting my free annual report ○ Problem getting report or score ○ Credit monitoring or identity protection • Problem cancelling or closing account <ul style="list-style-type: none"> ○ Billing dispute ○ Receiving unwanted marketing /advertising ○ Account terms and changes ○ Problems with fraud alerts 	<p>20</p> <p>SCRIPT DE ACTIVATED AS PART OF THE DEBT COLLECTION RELEASE (July 2013)</p> <p>21</p>
22	<p><i>{For HL Product = Credit Reporting only}</i></p> <p>May I have the name of the company you are calling about? <i>{Dropdown list with Companies}</i></p> <ul style="list-style-type: none"> • Equifax • Experian • TransUnion • Certegy Check Services • Chex Services • CoreLogic Teletrack 	<p>SCRIPT DE ACTIVATED AS PART OF THE DEBT COLLECTION RELEASE (July 2013)</p>

Script #	Script Text	Comments/Notes
	<ul style="list-style-type: none"> • CoreScore Credit Report • DataX • Factor Trust • ID Analytics • Innovis • L2C\Microbilt • PRBC / MicroBilt • TeleCheck • Other <p><i>{If the caller says the company is not on the list and the Agent selected Other in the preceding drop down}</i> If Other, company name (as stated by Consumer)* <Fill in Company> Address(1) <Fill in Street Address, optional> Address(2) <Fill in Street/other address, optional> City <fill in City, optional> State <Fill in from Drop Down List, optional> Zip Code <Fill in zip +4, optional> Telephone <fill in phone #, optional> Website <fill in web site, optional></p> <p>Did you file a dispute about the issue with the credit reporting company and receive a final response?*</p> <p style="text-align: center;"><i><Select YES or NO></i></p> <p><i>{If YES, then fill in this question}</i> Original Dispute Case Number <Fill in #, optional></p>	
	22	
24	<p>Are you calling * ___ about your personal mortgage or on behalf of a family member or friend? ___ on behalf of a mortgage related company?</p> <p><Beginning> button <Previous> button <Next> button</p>	24
25	<p><i>{If the person is calling "on behalf of a mortgage related company" (from S#24)}</i></p> <p>We are not able to address industry questions over the phone, but I would be happy to provide you with an email address where you can submit your question or concern.</p>	

Script #	Script Text	Comments/Notes
	<p>The email address is cfpb_respainquiries@cfpb.gov (Note: ONLY for industry use).</p> <p><Go to Closing> button</p> <p><Beginning> button</p> <p><Previous> button</p> <p style="text-align: right;">25</p>	
26	<p>If consumer has already identified one of the issues below, confirm and select their issue below.</p> <p>If consumer has NOT identified the reason for calling then say: "I'd be happy to help you with that. Are you unable to make payment and concerned about foreclosure, OR do you have a mortgage complaint about a specific institution OR do you have general questions about the mortgage process?" Based on consumer's response, select option below.</p> <p>__ 1) Has a concern about foreclosure or is unable to make payments</p> <p>__ 2) Has a question about their loan or the mortgage process</p> <p>__ 3) Has a mortgage related complaint regarding a specific institution</p> <p><Beginning> button</p> <p><Previous> button</p> <p><Next> button</p> <p style="text-align: right;">26</p>	4/13/13 Note: Remove
27	<p>Is this about something you observed while working for a financial institution or financial service provider?* <i><select YES or NO></i></p> <p>If the caller needs clarification: By asking this question we are identifying 'whistleblowers' and 'tipsters'. If you work at a financial institution or financial service provider you may have specialized industry knowledge.</p> <p><i>{Dynamic, if YES to whistleblower}</i></p> <p>Since you've answered "yes" that this is something you observed while working for a company that offers financial products or services, your information will not be sent to the company you are complaining about. Is there any relationship between your employer and the company you are complaining about that would be a reason that you would not want your complaint sent to the company?</p>	<p>Default Values:</p> <ul style="list-style-type: none"> Whistleblower = NO Send to Company = YES <p>4/2014</p>

Script #	Script Text	Comments/Notes
	<p>HT: If the consumer doesn't object to sending the complaint to the company then change the whistleblower question to 'NO' and continue taking the complaint</p> <p>If consumer says there is a reason to not send the information to the company refer to the Whistleblower Hotline (855) 695-7974 or CFPB_Whistleblower@cfpb.gov</p> <p>What Happened? <fill in What Happened explanation, optional></p> <p><Save Whistleblower Case> button <Beginning> button</p> <hr/> <p>Do you want the CFPB to send your complaint to the company?* <Select YES or NO></p> <hr/> <p><i>{Dynamic, if No to Send to Company}</i> For most complaints, the CFPB forwards some information to the company you identify. If you do not want us to send any information to them, 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.</p> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">27</p>	
28	<p>Before we begin, let me describe the complaint process to you so you will understand what to expect.</p> <p>We've tried to make it as easy as possible to submit a complaint. The best way to submit is on our website consumerfinance.gov. This is the most time-effective for you, as well as the most accurate for us. You can also submit a complaint by phone, mail, or fax. However, if you plan on attaching any supporting documentation, you may want to submit online or by fax or mail.</p> <p>Once you have submitted your complaint, it will be sent to the company for review and they will have 15 calendar days to respond to your complaint. If you provide an email address, you will receive electronic notices about your complaint and will be able to access that information online at consumerfinance.gov. Your email address will serve as your login ID and you will need to create a password the first time you login.</p> <hr/> <p><i>{If Product / Sub Product = Money transfer/International...}</i> It's a good idea to also contact the company as soon as possible if you think it made a mistake.</p>	

Script #	Script Text	Comments/Notes
	<p>Information about how to contact the company may be on the receipt you received.</p> <p>Which method do you prefer to submit your complaint? <input type="checkbox"/> Web <input type="checkbox"/> Phone <input type="checkbox"/> Fax/Mail/Paper Form</p> <p><Beginning> button <Previous> button</p> <p style="text-align: right;">28</p>	
29	<p>I will be happy to take your complaint over the phone. I do need to inform you that you will not be able to attach any documentation to your complaint after I open a case for you today. If you have documentation to add to your complaint, you may complete your complaint on our website and attach your documents, or submit your complaint to CFPB by fax or by mail. Would you still like to submit your complaint by phone today?</p> <p>Before we begin, I need to read to you official disclosure statements to make sure that you understand your rights and what we can provide as a part of this process. After I read the statements, I will ask you if you understood.</p> <p>The Paperwork Reduction Act is a federal law that requires the approval of certain federal questionnaires. The Office of Management and Budget has approved these questions under the Paperwork Reduction Act. On average, answering these questions takes about 10 minutes. The length of time to complete your complaint depends on the complexity of the complaint.</p> <p>Also, a federal law called the Privacy Act directs how the federal government (or the CFPB) collects, keeps and shares your personal, private Information- including the personal information contained in your answers to these questions. To understand how and when your information may be shared, you can read the Privacy Act Statement on our website, consumerfinance.gov.</p> <p>The Consumer Financial Protection Bureau cannot act as a court of law or as a lawyer on your behalf, and we cannot give you legal or financial advice.</p> <p>Do you understand these disclosures as I have read them to you?* <select YES or NO></p> <p><i>{Dynamic, Pop Up message if No }</i></p> <p>I understand parts of the disclosure can be confusing. However without your acknowledgement of the disclosure I won't be able to continue through the complaint form. Do you have some questions about the</p>	

Script #	Script Text	Comments/Notes
	<p>disclosure that I could answer to make you more comfortable? <click pop up to close></p> <p>Do you now understand and agree to continue? <i><select YES or NO></i></p> <p><i>{If NO, go to closing as an Inquiry}</i> Additional References: Privacy Act Statement Knowledgebase answer 230 Process the complaint will follow: Knowledgebase answer (not yet developed)</p> <hr/> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">29</p>	
30	<p>Do you want to submit this form to CFPB anonymously?* <i><select YES or NO></i></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><i>{Dynamic, if YES to Anonymous question}</i> For most complaints, the CFPB forwards some information to the company you identify. You can submit 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.</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><i>Dynamic, if NO to Anonymous question}</i> OK, I'll need to get your contact information. May I have your name please?</p> <p>Check for existing contact. Specifically ask for email address when creating the contact record. If existing contact found, follow established identity verification procedures before proceeding to the next page (Knowledgebase 998).</p> <p>Contact* <connect to Contact Search record> Salutation <choose one, optional> First Name* <update name, optional> Middle Name <update name, optional> Last Name* <update name, optional> Suffix <fill in suffix></p> </div>	Anonymous question default value = NO

Script #	Script Text	Comments/Notes
	<p>Address* <click on Edit hyperlink, update pop up, optional></p> <p>Primary Phone <update phone, optional> <i>{Use arrow down button to select phone type (e.g. mobile, fax etc.)}</i></p> <p>Email <update email, optional> <i>{Use arrow down button to select email type (e.g. email, email alt1, etc.)}</i></p> <p><i>{Dynamic once contact is entered.}</i></p> <p>VERIFY THE FULL MAILING ADDRESS ABOVE. Click on Address <Edit>. Is the Street, City, Country, State/Prov., AND Postal code populated? If not, update these values before continuing. * <Select YES or NO> buttons</p> <hr/> <p><Beginning> button <Previous> button <Next> button</p>	
<p>31</p> <p><u>Product:</u> Credit card, Consumer loan (incl. Title & Pawn), Bank Acct/Svc. Student loan, Mortgage, Money transfer</p>	<p><i>{Skip this script for HL Product = Debt collection}</i></p> <p><i>{For HL Products other than Credit Reporting & Payday; allows both 'yourself' AND 'someone' else to be selected concurrently}</i></p> <p>Are you filing on behalf of yourself? * < select YES or NO> On behalf of someone else? <Select YES or NO></p> <hr/> <p><i>{Dynamic, if HL Product = Money Transfers, ask the following question(s) depending on the answers provided to the 2 questions show above for this script page}</i></p> <p><i>If the answer to 'Are you filing on behalf of yourself?' = YES</i> Are you: < select one: __ Sender __ Recipient __ Filing on behalf of someone else></p> <p><i>If the answer to "On behalf of someone else?" = YES</i> Is the person on whose behalf you are filing this complaint <select one: __ Sender __ Recipient></p> <hr/> <p><i>{If the Contact is the Sender or the Recipient, Contact name and address (not phone or email) should be copied to the Sender or Recipient field accordingly, upon saving the case}</i></p> <hr/> <p><i>{Dynamic if filing on 'behalf of someone else.}</i></p>	<p>Default Values:</p> <ul style="list-style-type: none"> • Are you filing...yourself? = YES • Are you filing..someone else? = "Choose" • Are You = Choose

Script #	Script Text	Comments/Notes
	<p>Relationship (to the someone else)* <select one></p> <ul style="list-style-type: none"> __ Family Member __ Friend __ Attorney __ Government Employee __ Advocate __ Housing Counselor __ Other <p>If you are filing a complaint on behalf of someone else, we may need this person’s signed, written permission to take action.</p> <p>Salutation <choose one, optional></p> <p>First Name* <fill in name></p> <p>Middle Name <fill in name, optional></p> <p>Last Name* <fill in name></p> <p>Suffix <choose one, optional></p> <p>Country* <choose one, US default></p> <p>Address 1* <fill in address></p> <p>Address 2 <fill in address, optional></p> <p>City* <fill in city></p> <p>State* <choose state code, REQUIRED if US = Country></p> <p>Zip code* <fill in zip, REQUIRED if US =Country></p> <p>Phone <fill in phone, optional></p> <p>Email <fill in email, optional></p> <hr/> <p><Beginning> button <Previous> button <Next> button</p>	
<p>31</p> <p><u>Product:</u> Payday, Prepaid card, Other financial service</p>	<p><i>{For HL Products = Payday loan, Other financial service, Prepaid}</i></p> <p>Are you filing on behalf of yourself? * < select YES or NO></p> <p>On behalf of Someone Else? <Select YES or NO, cannot be YES if prior question = YES></p> <hr/> <p><i>{Dynamic if filing on 'behalf of someone else = YES}</i></p> <p>Relationship (to the someone else)* <select one></p> <ul style="list-style-type: none"> __ Family Member __ Friend __ Attorney 	<p>Default Values:</p> <ul style="list-style-type: none"> • Are you filing...yourself? = YES • Are you filing..someone else? = “Choose” <p>Default Values:</p> <ul style="list-style-type: none"> • Relationship = “Choose” • Country = “US”

Script #	Script Text	Comments/Notes
	<p> <input type="checkbox"/> Government Employee <input type="checkbox"/> Advocate <input type="checkbox"/> Housing Counselor <input type="checkbox"/> Other </p> <p> If you are filing a complaint on behalf of someone else, we may need this person’s signed, written permission to take action. Salutation <choose one, optional> First Name* <fill in name> Middle Name <fill in name, optional> Last Name* <fill in name> Suffix <choose one, optional> Country* <choose one, US default> Address 1* <fill in address> Address 2 <fill in address, optional> City* <fill in city> State* <choose state code, REQUIRED if US = Country> Zip code* <fill in zip, REQUIRED if US =Country> Phone <fill in phone, optional> Email <fill in email, optional> </p> <hr/> <p> <Beginning> button <Previous> button <Next> button </p>	
32	<p> Restate and confirm the product/sub-product with the consumer or ask them directly based on the options in the product/sub-product field below. </p> <p> Product/Sub-product* <fill in HL product and sub-product from product drop down list> </p> <hr/> <p> {Dynamic, if Product = Student loan} Currently the CFPB is only receiving complaints for non-federal student loans. </p> <hr/> <p> Which of these best describes your complaint issue?* <fill in Issue from the drop down list related to the Product/Sub-product chosen> </p> <hr/> <p> { Dynamic based on HL Product/Sub-product selected} </p>	<p style="text-align: right;">31</p> <p> Jan 2014 Note: S#32 Student Loan Issues changed. Old issues continue to appear, but Agent will receive pop-up error message if selected. </p>

Script #	Script Text	Comments/Notes
	<p><i>{Mortgage}</i> <i>{If Product / Sub-product = Other Mortgage then add dynamic extra question}</i> Mortgage - Type Other* <fill in text box></p>	
	<p><i>{For all mortgage sub-products the following Issue helper text also appears}</i> Applying for the loan <i>Application, originator, mortgage broker</i> Receiving a credit offer <i>Credit decision/Underwriting</i> Signing the agreement <i>Settlement process and costs</i> Making payments <i>Loan servicing, payments, escrow accounts</i> Problems when you are unable to pay <i>Loan modification, collection, foreclosure</i></p>	
	<p><i>{Bank account or services}</i> Account opening, closing or management <i>Confusing marketing, denial, disclosure, fees, closure, account access, interest, statements, joint accounts</i> Deposits and withdrawals <i>Availability of deposits, withdrawal problems and penalties, unauthorized transactions, check cashing, payroll deposit problems, lost or missing funds, transaction holds</i> Using a debit or ATM card <i>Disputed transaction, unauthorized card use, ATM or debit card fees, ATM problems</i> Making or receiving payments <i>Problems with payments by check, card, phone, or online, unauthorized or fraudulent transactions.</i> Problems caused by my funds being low <i>Overdraft fees, late fees, bounced checks</i></p>	
	<p><i>{Consumer loan/ Vehicle loan, vehicle lease, installment loan }</i> Shopping for a loan or lease <i>Sales tactics or pressure, credit denial, confusing</i> Taking out the loan or lease <i>Term changes (mid-deal changes, changes after closing, etc.), required add-on products, trade-in</i> Managing the loan or lease <i>Billing, late fees, damage or loss, Insurance (GAP, credit etc.) privacy</i> Problems when you are unable to pay <i>Repossession, deficiency, bankruptcy, default</i></p>	
	<p><i>{Consumer loan / Personal line of credit}</i> Shopping for a credit line <i>Confusing advertising or marketing, credit denial</i></p>	

Script #	Script Text	Comments/Notes
	<p>Account terms and changes <i>Term changes (rates, fees, etc.), access, line reduction, suspension or termination</i></p> <p>Managing the line of credit <i>Billing, late fees, privacy</i></p> <p>Problems when you are unable to pay <i>Repossession, deficiency, bankruptcy, default</i></p>	
	<p><i>{ Consumer loan/ Pawn loan}</i></p> <p>Charged unexpected fees or interest</p> <p>Can't stop charges to bank account</p> <p>Received a loan I didn't apply for</p> <p>Applied for loan/did not receive money</p> <p>Charged bank acct wrong day or amt.</p> <p>Payment to acct not credited</p> <p>Can't contact lender</p> <p>Lender sold the property</p> <p>Lender damaged or destroyed property</p>	
	<p><i>{ Consumer loan / Title Loan}</i></p> <p>Charged unexpected fees or interest</p> <p>Can't stop charges to bank account</p> <p>Received a loan I didn't apply for</p> <p>Applied for loan/did not receive money</p> <p>Charged bank acct wrong day or amt</p> <p>Payment to acct not credited</p> <p>Can't contact lender</p> <p>Lender repossessed or sold the vehicle</p>	

Script #	Script Text	Comments/Notes
	Lender damaged or destroyed vehicle	
	<i>{Credit card} - no Helper Text</i>	
	<i>{Credit reporting - NO Helper Text needed because scripting flow skips this. Issue and Sub-Issue has been previously selected}</i>	
	<i>{For Other financial service/ Check cashing, Debt settlement, Credit repair},</i> Advertising and marketing Customer service/Customer relations Disclosures Excessive fees Unexpected/Other fees Fraud or scam	
	<i>{For Foreign currency exchange}</i> Advertising and marketing Customer service/Customer relations Disclosures Excessive fees Unexpected/Other fees Incorrect exchange rate Fraud or scam	
	<i>For Other financial service/ Travelers/Cashiers ck., Money order, Refund antic loan}</i> Advertising and marketing	

Script #	Script Text	Comments/Notes
	<p>Customer service/Customer relations</p> <p>Disclosures</p> <p>Excessive fees</p> <p>Unexpected/Other fees</p> <p>Lost or stolen</p> <p>Fraud or scam</p>	
	<p><i>{For Money transfers}</i></p> <p>Money was not available when promised</p> <p>Wrong amount charged or received <i>Transfer amount, fees, exchange rates, taxes, etc.</i></p> <p>Incorrect/missing disclosures or info</p> <p>Other transaction issues <i>Unauthorized transaction, cancellation, refund, etc.</i></p> <p>Other service issues <i>Advertising or marketing, pricing, privacy, etc.</i></p> <p>Fraud or scam</p>	
	<p><i>{For Prepaid Card}</i></p> <p>Managing, opening, or closing account</p> <p>Fees</p> <p>Unauthorized transactions/trans. issues</p> <p>Advertising, marketing or disclosures</p> <p>Adding money</p> <p>Overdraft, savings or rewards features</p>	

Script #	Script Text	Comments/Notes
	<p>Fraud or scam</p>	
	<p><i>{Student loan}</i> Getting a loan <i>Denial, confusing advertising or marketing, sales tactics or pressure, financial aid services, recruiting, fraudulent loan.</i></p> <p>Can't repay my loan <i>Deferment, forbearance, default, bankruptcy, payment plan, refinancing.</i></p> <p>Dealing with my lender or servicer <i>Making payments, getting information about my loan, managing my account.</i></p>	
	<p><i>{Debt collection}</i></p> <p>Communication tactics <i>Frequent or repeated calls; called outside of 8am-9pm; used obscene, profane or other abusive language; threatened to take legal action; frequent or repeated calls; called after sent written cease of communication notice</i></p> <p>Continued attempts to collect debt I do not owe <i>Debt was discharged in bankruptcy; debt resulted from identity theft; debt was paid; debt is not mine</i></p> <p>Disclosure verification of debt <i>Did not receive notice of right to dispute; did not provide enough information to verify debt (i.e. amount of debt and name of creditor is owed); did not disclose communication was an attempt to collect debt</i></p> <p>Improper contact or sharing of information <i>Contacted me after I asked not to; contacted my employer after I asked not to; contacted me instead of my attorney; talked to a third party about my debt.</i></p> <p>False statements or representation <i>Attempt to collect wrong amount; impersonating attorney, law enforcement or government official; indicate committing crime by not paying debt; indicate should not respond to lawsuit.</i></p> <p>Taking or threatening to take an illegal action <i>Threaten to arrest me or take me to jail if I do not pay, threaten to sue me on debt that is too old to be sued on; sued me without properly notifying me of lawsuit, sued me when I did not live or did not sign for the debt; actual or attempt to collect exempt funds (i.e. social security, worker's compensation, unemployment or child support; actual or attempt to seize property.</i></p>	
	<p><i>{Payday loan}</i></p>	

Script #	Script Text	Comments/Notes
	<p><i>Charged fees or interest I didn't expect</i> Consumer was charged fees or interest that he or she did not expect.</p> <p><i>Can't stop charges to bank account</i> Consumer was unable to stop the lender from charging his or her bank account</p> <p><i>Received a loan I didn't apply for</i> Consumer received a loan that he or she did not apply for.</p> <p><i>Applied for loan / did not receive money</i> Consumer applied for a loan but did not receive money.</p> <p><i>Charged bank acct wrong day or amt</i> The lender charged the consumer's bank account on the wrong day or in the wrong amount.</p> <p><i>Payment to acct not credited</i> The lender did not credit a payment to the consumer's account.</p> <p><i>Cannot contact lender</i> Consumer was unable to contact the lender.</p> <hr/> <p><Beginning> button <Previous> button <Next> button</p>	
33	<p><i>{Dynamic, If the product is Mortgage AND the issue is "Loan Modification, collection, foreclosure"}</i></p> <p>Are you concerned about losing your home to foreclosure? <Select Yes or NO></p> <hr/> <p><i>{Dynamic section if Answer = YES}</i> Have you missed payments or are you in default on your mortgage? This includes if your mortgage company believes you are in default or have missed payments, even if you believe your mortgage company is in error. <select YES or NO></p> <hr/> <p>Is there a date that is scheduled for the foreclosure sale of your home? If a foreclosure sale has been scheduled, you might have received a Notice of Sale or Order Setting Sale. <select YES or NO></p> <p><i>{Dynamic if preceding answer is YES}</i> What is the date of the scheduled foreclosure sale? <select date from RN calendar></p>	<p>Default Values:</p> <ul style="list-style-type: none"> Are you concerned about losing your home.... = Choose

Script #	Script Text	Comments/Notes
	<p>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? <i><Select Yes or NO></i></p> <p><Beginning> button <Previous> button <Next> button</p>	
34	<p><i>{Credit card product only}</i> If you lost money, how much money did you lose? <i><fill in \$\$ amount></i></p> <p>When did this happen? <i><choose date from calendar></i></p> <p>Have you done any of these things to try to resolve this issue? <i><select one or more></i> Contacted the Company directly <i><select YES or NO></i> Contacted the Consumer Financial Protection Bureau <i><select YES or NO></i> Hired an Attorney <i><select YES or NO></i> Contacted Gov't Agency <i><select YES or NO></i> Filed Legal Action <i><select YES or NO></i></p> <p><Beginning> button <Previous> button <Next> button</p>	
35	<p>REMOVED (Discrimination scripting)</p>	<p>REMOVED BASED ON CR367 (Aug. 2013)</p>
36	<p>Describe your complaint. Include facts about what happened and any steps you have taken to resolve the issue.</p> <p><i>Dynamic, HL Product = Payday loan}</i></p> <p><i>{If Issue = Charged unexpected fees or interest}</i> Please include in your explanation the amount of fees or interest that was paid.</p> <p><i>{If Issue = Cannot stop charges to bank account}</i> Please include in your explanation the name of the bank</p>	

Script #	Script Text	Comments/Notes
	<p>and the state in which this bank is located.</p> <p><i>{If Issue = Charged bank acct wrong day or amt.}</i> Please indicate in your explanation whether this resulted in an overdraft fee.</p> <p>If consumer attempts to provide sensitive personal information in this description, note that we collect account numbers and other sensitive information later in the process in order to have it in a separate place and help protect their privacy.</p> <p>Enter the company name provided by the consumer. If there is an exact match, you may select from the list. Otherwise, enter the full name as provided by the consumer. If clarification is needed, ask or confirm what company name shows up on their statement/receipt. If the consumer does not know the company, enter Unknown.</p> <p><i>{Dynamic, Hidden if HL Product = Debt collection }</i></p> <p>Company (As stated by consumer)* <Fill in Company Name></p> <p>I am going to be typing everything you say verbatim. Would you mind speaking at a moderate pace? Enter complaint description (What Happened).* <Enter What Happened ></p> <p><i>{Dynamic, applies to HL Product = Money transfer}</i> How much was transferred? <fill in amount> Amount MUST be in 0.00 format. Is that amount in U.S. dollars or other currency?<Select Currency Type, USD default value></p> <p>Date of transfer? <fill in date> If the date provided is after today's date say, "Can you please confirm that the date of the transfer related to this complaint is <<i>read the date you recorded</i>>?" When money was sent.</p> <p>What was the transfer ID or transaction number? <fill in #> If caller does not know what transfer ID or transaction number is: The Transfer ID or transaction number may be found on the money transfer receipt?</p> <p>Date the funds were promised <fill in date from calendar> If before the Date of transfer say: "The date you provided is prior to the Date of transfer. Let's confirm both dates to make sure I record them correctly."</p>	

Script #	Script Text	Comments/Notes
	<p>When funds expected.</p> <p>When did the issue you just described occur? <fill in date> If after 'today's date' say: "The issue must have occurred today or in the past. Can you verify that date for me?"</p> <p>What is the amount of the error, if any? <fill in \$\$ amnt> Amount MUST be in 0.00 format.</p> <p>Is that amount in U.S. dollars or other currency? <fill in currency, default to US></p> <hr/> <p><Beginning> button <Previous> button <Next> button</p>	
37	<p><i>{ALL PRODUCTS}</i></p> <p>What do you think would be a fair resolution?* < Enter resolution?></p> <p>If consumer attempts to provide sensitive personal information in this description, state: "We collect account numbers and other sensitive information later in the process in order to have it in a separate place and help protect your privacy."</p> <p><Beginning> button <Previous> button <Next> button</p>	36
38	<p><i>{HL Product = Money Transfer for SENDING INFORMATION}</i></p> <p>Confirm that the company listed is the company that provided the money transfer service and obtain the additional information on this page.</p> <p>What company is this complaint about?</p> <p>[Company Name Displayed, editable]* Address 1 <fill in street address, optional> Address 2 <fill in street address, optional> City <fill in city name, optional> State <Fill in State 2-digit code from drop down list, optional> Zip code <fill in zip orzip+4 for US addresses, optional, ></p>	37

Script #	Script Text	Comments/Notes
	<p>Country <Fill in country, Optional></p> <p>If the transfer was done from an account with this company, can you provide the Account number?</p> <p>Account or Loan number (or Social Security number for Student Loans) <Fill in account number> Only ask for Social Security number if the Product is Student Loan.</p> <p>If the consumer is concerned about providing account information: We use unique information about the account to verify that we have the right person to provide to the company and to help make sure the company reviews the correct account information. The more information you provide, the easier it will be to review and process the complaint</p> <p><Beginning> button <Previous> button <Next> button</p>	
<p>38</p> <p><u>Product:</u></p> <p>Mortgage,</p> <p>Student Loan,</p> <p>Consumer loan (except Title and Pawn loans),</p> <p>Credit card,</p> <p>Bank Acct/Svc.</p> <p>Prepaid card</p> <p>Other financial service</p>	<p><i>{Dynamic depending on HL Product --- DOES NOT INCLUDE HL Product= Payday loan, Money transfers, Comer loan/Pawn & Title, Debt collection}</i></p> <p><i>{Mortgage}</i> Ask for PROPERTY ADDRESS. <i>Is the Account/Billing/Property address same as the primary contact's address? <select YES or NO></i> <i>{If NO}</i> Address1* <fill in street address> Address2 (fill in address, Optional) City* <Fill in city name> State* <Fill in State 2 -digit code from drop down list> Zip Code* <fill in zip or zip+4> Country* <fill in country from drop down list></p> <p>Account or Loan number (or Social Security number for Student Loans) Only ask for the Social Security number if the Product is Student Loan. <fill in number, Optional></p> <p><i>{Credit card}</i> Ask for BILLING ADDRESS. <i>Is the Account/Billing/Property address same as the primary contact's address? <select YES or NO></i></p>	<p>38</p> <p>Default values:</p> <ul style="list-style-type: none"> • Is Account/Billing/Property Address...? = YES • Prop/Billing Address State = Choose • Prop/Billing Address Country = US • Company State = Choose • Company Country = US

Script #	Script Text	Comments/Notes
	<p><i>{If NO}</i> <i>Address1*</i><fill in street address> <i>Address2</i> (fill in address, Optional)> <i>City*</i> <Fill in city name> <i>State*</i> <Fill in State 2 -digit code from drop down list> <i>Zip Code*</i> <fill in zip orzip+4> <i>Country*</i> <fill in country from drop down list></p> <p>Account/Loan Number or Social Security Number <Fill in number, Optional> How does the name appear on the credit card/credit report? <fill in name, Optional></p>	
	<p><i>{Bank acct/svc, Prepaid card, Other financial service }</i> Ask for ACCOUNT ADDRESS. Is the Account/Billing/Property address same as the primary contact's address? <select YES or NO> <i>{If NO}</i> <i>Address1*</i><fill in street address> <i>Address2</i> (fill in address, Optional)> <i>City*</i> <Fill in city name> <i>State*</i> <Fill in State 2 -digit code from drop down list> <i>Zip Code*</i> <fill in zip orzip+4> <i>Country*</i> <fill in country from drop down list></p> <p>Account or Loan number (or Social Security number for Student Loans) <fill in number, Optional> Only ask for the Social Security number if the Product is Student Loan.</p>	
	<p><i>{Consumer loan}</i> Ask for BILLING ADDRESS. Is the Account/Billing/Property address same as the primary contact's address? <select YES or NO> <i>{If NO}</i> <i>Address1*</i><fill in street address> <i>Address2</i> (fill in address, Optional)> <i>City*</i> <Fill in city name> <i>State*</i> <Fill in State 2 -digit code from drop down list> <i>Zip Code*</i> <fill in zip orzip+4> <i>Country*</i> <fill in country from drop down list></p> <p>Account or Loan number (or Social Security number for Student Loans) Only ask for the Social Security</p>	

Script #	Script Text	Comments/Notes
	<p>number if the Product is Student Loan. <fill in number, Optional></p>	
	<p><i>{Student Loan}</i> Ask for BILLING ADDRESS. <i>Is the Account/Billing/Property address same as the primary contact's address? <select YES or NO></i> <i>{If NO}</i> Address1*<fill in street address> Address2 (fill in address, Optional)< City* <Fill in city name> State* <Fill in State 2 -digit code from drop down list> Zip Code* <fill in zip or zip+4> Country* <fill in country from drop down list></p> <p>Account or Loan number (or Social Security number for Student Loans) Only ask for the Social Security number if the Product is Student Loan. <fill in number, Optional> Social Security number MUST be entered in the format ###-##-####.</p>	
	<p><i>{Credit reporting - INACTIVE}</i> Name on credit report <fill in first middle last> Social Security Number <Fill in number in xxx-xx-xxxx format> Date of Birth <mm/dd/yyyy format> Name: Insert in First Middle Last order. Social Security Number: Enter as xxx-xx-xxxx. Date of Birth: Enter in mm/dd/yyyy format only.</p> <p>Social Security number MUST be entered in the format ###-##-####.</p>	
	<p><i>{All products}</i> What company is this complaint about? COMPANY ADDRESS Company (As stated by consumer)* <fill in, editable> Address 1 <fill in street address, Optional> Address 2 <fill in street address, Optional> City <Fill in city name, Optional> State <Fill in State 2 -digit code from drop down list, Optional></p>	

Script #	Script Text	Comments/Notes
	<p>Zip <Fill in zip + 4, Optional> Country <choose from drop down, "Choose" Default></p> <p><i>{Dynamic, HL product = Other financial service, Prepaid card}</i> Phone number <Fill in company phone #, Optional></p> <p>If the consumer is concerned about providing account information: We use unique information about your account to verify that we have the right person to provide to the company and to help make sure the company reviews the correct account information. The more information you provide, the easier it will be to review and process your complaint.</p> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">38</p>	
<p>38</p> <p><u>Product:</u> Payday loan Consumer loan/ Title and Pawn Loans</p>	<p><i>{Dynamic, HL Product = Payday loan, Consumer loan/Title Loan, Pawn Loan}</i></p> <p>Where did you get the loan? <Select "In person / at a store" or "Online"> If consumers indicate that they applied online but picked up their loan in person, select "In person / at a store"</p> <p><i>{Dynamic, if "In person / at a store" selected}</i> In which state is the store located? <Select US state, dropdown list></p> <p>If the consumer asks why we need this information, say "This is important because different states have different laws for payday loans."</p> <p><i>{Dynamic, if "Online" selected}</i> What is the website you used to apply for the payday loan? <Fill in web URL></p> <p>What company is this complaint about? COMPANY NAME & ADDRESS <i>Company (As stated by consumer)* <fill in, editable></i> Address 1 <fill in street address, Optional> Address 2 <fill in street address, Optional> City <Fill in city name, Optional></p>	<p>Default values:</p> <ul style="list-style-type: none"> • Company State = Choose • Company Country = US

Script #	Script Text	Comments/Notes
	<p>State <Fill in State 2 -digit code from drop down list, Optional> Zip <Fill in zip + 4, Optional></p> <p>Account or Loan number (or Social Security number for Student Loans) Only ask for the Social Security number if the Product is Student Loan. <fill in number, Optional></p> <p>If the consumer is concerned about providing account information: We use unique information about your account to verify that we have the right person to provide to the company and to help make sure the company reviews the correct account information. The more information you provide, the easier it will be to review and process your complaint.</p> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">38</p>	
39	<p>Are you a Servicemember or Dependent? <Select YES or NO, "Choose" default></p> <p><i>{Dynamic if Answer is YES}</i> Are you a current or former servicemember?* <Select YES or NO></p> <p>Are you a dependent/spouse of a current/former servicemember?* <Select YES or NO></p> <p><i>{Dynamic, if Answer is YES to either of the above 2 questions}</i> What is the servicemember's status?* <Select from drop down></p> <p>What is the servicemember's branch of service?* <Select from drop down></p> <p>What is servicemember's rank?* <Select from drop down></p> <p><i>{Dynamic if Answer is YES to 'dependent/spouse' question above}</i> Salutation <choose one, optional> First Name* <fill in name> Middle Name <fill in name, optional> Last Name* <fill in name> Suffix <choose one, optional> Country* <choose one, United State = Default> Address 1* <fill in address></p>	<p>Default Values:</p> <ul style="list-style-type: none"> Are you a Servicemember or Dependent = "Choose"

Script #	Script Text	Comments/Notes
	<p>Address 2 <fill in address, optional> City* <fill in city> State* <choose state code> Zip code* <fill in zip></p> <p><Beginning> button <Previous> button <Next> button</p>	
40	<p>Before I submit your case, I would like to recap your complaint and your desired resolution.</p> <p>What Happened?* <See and edit what happened></p> <p>Desired Resolution?* <See and edit resolution></p> <p>For CFPB tracking purposes, can you provide me with your age? <Fill in Age, Editable></p> <p>Thank you.</p> <p>Is the information provided true to the best of your knowledge and belief and do you understand that the Consumer Financial Protection Bureau cannot act as a court of law or a lawyer on your behalf, and we cannot give you legal or financial advice?</p> <p>Do you agree?* <Select YES or NO></p> <p>{Dynamic, if YES} <Submit Complaint> button</p> <p>{Dynamic, if No} <Submit Feedback> button</p> <p>{Pop Up Message if Feedback is chosen} "Are you sure you would like to submit this complaint as feedback?"</p> <p>Without your acknowledgment, CFPB will not be able to communicate with you and will not be able to investigate the issue."</p> <p>Agent Instruction:</p>	<p>39</p> <p>Note: Submit button will SAVE the cases.</p>

Script #	Script Text	Comments/Notes
	<p>If it is actually a complaint, Click "OK" and confirm that the consumer agrees to the statement by Selecting "Yes" and then Click "Submit Complaint". If it is feedback (or the Consumer does not agree), Click "OK" and then Click "Submit Feedback".</p> <p><OK> button</p> <hr/> <p><Beginning> button <Previous> button</p>	
40	<p><i>{This is the view of S#40 after the <Submit Complaint> or <Submit Feedback> button is clicked}</i></p> <p>Please proceed to next page to review and properly save the case.</p> <p><Next> button</p>	40
41	<p>Your feedback has been submitted. We will include the information you provided in our database for analysis and to help with supervisory and other efforts. Thanks you.</p> <p><Close> button</p>	41
42	<p>Your complaint has been submitted.</p> <p>Your case number is #####-#####.</p> <p><i>{Dynamic, HL Product = Debt collection ,and original creditor (OC) case if OC case is being filed}</i></p> <p>Your other case number is #####-#####</p> <hr/> <p>You can track your complaint online with a valid email address, if you provided one, by going to consumerfinance.gov.</p> <p>Click "Get Assistance..."</p> <p>Then Click "Check the status of a complaint."</p> <p>We will send all updates and correspondence regarding this case to the email address provided or you can call us at 1 (855) 411- CFPB (2372) to get updates.</p>	

Script #	Script Text	Comments/Notes
	<p>Advise the consumer that they will need to create a password when they first attempt to log on to the consumer portal to check their status.</p> <p>(If no email address was provided, go to the Contact record to update the email address.)</p> <p>If consumer asks what happens next, read the following: The Consumer Financial Protection Bureau will review your complaint to make sure we send it to the right company. When we send it to them, we will ask them to respond to us and to you within 15 calendar days after CFPB sends the complaint to the company. Just be sure to keep your case number for any future contact with us.</p> <p>Thank you for calling the Consumer Financial Protection Bureau. Remember, you can also find more information at consumerfinance.gov.</p> <p><Close> button</p>	
43	<p>You can mail or fax us a letter explaining your complaint or you can mail us the complaint form.</p> <p>If Complaint Form - When you send in the complaint form be sure that you send in copies of all the documents you would want included with your complaint form or complaint letter. If you send in originals they will not be returned. Once your complaint is processed you cannot attach any documents.</p> <p>If Fax/Mail - Be sure that you send or fax copies of all the documents you would like to be included with your complaint form or complaint letter. If you send or fax originals they will not be returned. Once your complaint is processed you cannot attach any documents.</p> <hr/> <p><i>{Dynamic, if HL Product = Debt collection}</i> For debt collection complaints, we require a signed form. I will be happy to send you our CFPB complaint form by mail to complete and return.</p> <hr/> <p><i>{NOTE: Will only appear if the HL Product is <u>NOT</u> Debt collection}</i></p> <p>Note: If consumer wants to mail the complaint form to the CFPB, then ask consumer for their mailing address and send paper complaint form to the address they provide.</p> <p>Please include your:</p> <ul style="list-style-type: none"> - Name - Mailing Address 	

Script #	Script Text	Comments/Notes
	<ul style="list-style-type: none"> - Phone Number - Company Name - Company Mailing Address - Account Number - Desired Resolution - Details of any communication you have had with the company about the issue <p>The CFPB mailing address is: Consumer Financial Protection Bureau PO Box 4503 Iowa City, IA 52244 or Fax to (855) 237-2392</p> <p><i>HT: CFPB Phone #: (855) 411-CFPB (2372)</i></p> <p>Once we receive and process your complaint, we will respond to you with your case number.</p> <p style="color: red;">Set Disposition to "Publication/Forms Request" and select the correct language. Record as a Private Note the number of forms being requested by the consumer.</p> <p><i>{Will appear if HL Product = Mortgage}</i> In addition to filing your complaint by mail as I just described, may I ask if you are unable to make your payments and are concerned about a possible foreclosure? < Select YES or NO></p> <p><Go to Closing> button</p> <p><Beginning> button <Previous> button <Next> button</p>	
44	SCRIPT REMOVED JULY 2013	4/13/13 Note: Independent Foreclosure Review removed
45	Are you a veteran or member of the military?* < select Yes or No>	45

Script #	Script Text	Comments/Notes
46	<p>Because of your military service you may be eligible for special benefits and personalized assistance from the Department of Veterans Affairs' Home Loan Office. Would you like to be connected to the Department of Veterans Affairs' Home Loan Office?</p> <p>Provide the contact information for the Department of Veterans Affairs' Home Loan Office and then cold transfer.</p> <p>Thank you. I will connect you now.</p> <p>The number to the Department of Veterans Affairs' Home Loan Office is 1 (877) 827-3702.</p> <p><Got to Closing> button</p> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">46</p>	
47	<p>I can connect you to the Homeowner's HOPE™ Hotline to speak with a housing counselor who will assist you at no charge to you. The HOPE hotline offers personalized advice from housing counseling agencies approved by the U.S. Department of Housing and Urban Development (HUD). This national hotline is open 24 hours a day, 7 days a week.</p> <p>Let me connect you with someone now. Please hold for a moment while I connect you to the Homeowner's HOPE™ Hotline.</p> <p>I can also provide you their contact information if we are disconnected.</p> <p>The phone number is 1 (888) 995-HOPE and the web address is www.hopenow.com.</p> <p>This must be a cold transfer as the Hotline has a disclosure that must be heard by consumer.</p> <p><Caller is reluctant to be transferred to HOPE> button <Go to Closing> button</p> <p>>Beginning> button <Previous> button</p> <p style="text-align: right;">47</p>	
48	<p>I'd be happy to help you with that. To best assist you, I need to ask you a few questions.</p>	

Script #	Script Text	Comments/Notes
	<p>Would you like to continue via internet or by phone?*</p> <p>< Internet> button <Phone> button</p> <p><Beginning> button <Previous> button</p> <p style="text-align: right;">48</p>	
49	<p>You may want to refer to the U.S. Department of Housing & Urban Development website at www.hud.gov or call 1 (800) 569-4287 to identify a HUD-approved housing counselor in your area.</p> <p>You may also find information on our website consumerfinance.gov</p> <p>Are you comfortable with this direction? If Yes: Click on Go to Closing</p> <p>IF No and the consumer asks for additional assistance with searching: Okay. I'd be happy to walk you through the tool if you'd like.</p> <p>Help the consumer get to consumerfinance.gov/askcfpb and click on the appropriate Product & keyword(s). Describe what you are viewing and confirm if the caller has located the desired information.</p> <p><Go to Closing> button</p> <p><Beginning> button <Previous> button</p> <p style="text-align: right;">49</p>	
50	<p>Search the Knowledgebase using keywords. If the answer is not readily available in the Knowledgebase, refer to approved website links list.</p> <p>OR</p> <p>Open consumerfinance.gov in your browser. Select Get Assistance. Select the appropriate topic from the dropdown list.</p> <p>OR</p>	

Script #	Script Text	Comments/Notes
	<p>You may want to call the U.S. Department of Housing & Urban Development at 1 (800) 569-4287 or go to the website at www.hud.gov to identify a HUD-approved housing counselor in your area.</p> <p><Go to Closing> button</p> <p><Beginning>button</p> <p><Previous> button</p>	
51	<p>If consumer has not already been clear about why they are reluctant to be transferred to HOPE then ask consumer why they are reluctant and select the most appropriate reason below.</p> <p>___ Could not reach someone on the Homeowner’s HOPE™ Hotline</p> <p>___ Already talked to the Homeowner’s HOPE™ Hotline and that they aren’t helping</p> <p>___ Wants CFPB to help directly instead of the Homeowner’s Hope Hotline</p> <p>___ Already worked with the Homeowner’s HOPE™ Hotline but HOPE cannot resolve a possible foreclosure scam to the consumer’s satisfaction</p> <p>___ Already gave information to the Homeowner’s HOPE™ Hotline but the company I complained about is still in business</p> <p>___ Wants CFPB to sue on their behalf</p> <p>___ Does not want to be transferred to Homeowner’s HOPE™ Hotline (no specific reason)</p> <p>___ Consumer wants to file a mortgage complaint about a specific institution.</p>	50
52	<p>Let me connect you with someone now. Please hold for a moment while I connect you to the Homeowner’s HOPE™ Hotline.</p> <p>I can also provide you their contact information if we are disconnected.</p> <p>The phone number is 1 (888) 995-HOPE and the web address is www.hopenow.com.</p> <p>This must be a cold transfer as the Hotline has a disclosure that must be heard by consumer.</p> <p><Go to Closing> button</p> <p><Beginning> button</p> <p><Previous> button</p>	51
53	<p>We are sorry to hear this. Please understand that there are a lot of people contacting the HOPE™ Hotline for help right now. You may want to refer to the U.S. Department of Housing & Urban Development website at www.hud.gov or call 1 (800) 569-4287 to identify a HUD-approved housing counselor in your area.</p>	52

Script #	Script Text	Comments/Notes
	<p>You may also want to go to the CFPB website at consumerfinance.gov for information about other resources available in your area.</p> <p>If you decide to contact the HOPE™ Hotline in the future, the phone number is 1 (888) 995-HOPE and the web address is www.hopenow.com.</p> <p><Consumer does NOT want to be connected to HOPE> button <Go to Closing> button</p> <p><Beginning> button <Previous> button</p>	
54	<p>The CFPB and the U.S. Department of the Treasury have teamed up with the Homeowners' HOPE™ Hotline to connect you with housing counselors who will assist you at no charge. The housing counselors have been approved by the US Department of Housing and Urban Development and are specially trained to provide you with personal assistance with these issues. We highly recommend using this resource. Alternatively, you can follow up with your mortgage company directly if you prefer.</p> <p>I can also provide you their contact information if we are disconnected.</p> <p>The phone number is 1 (888) 995-HOPE and the web address is www.hopenow.com.</p> <p>This must be a cold transfer as the Hotline has a disclosure that must be heard by consumer.</p> <p>< Consumer does NOT want to be connected to HOPE> button <Go to Closing> button</p> <p><Beginning> button <Previous> button</p>	53
55	<p>We are sorry to hear that. The HOPE™ Hotline can only collect information on a possible scam and refer it to a centralized database where it can then be reviewed by appropriate authorities. Please know that by reporting the potential scam, you are doing a public service. The more information we can assemble on a scam operation, the greater the likelihood action can be taken by the appropriate regulator.</p> <p>Would you like me to connect you with the HOPE Hotline right now?</p>	54

Script #	Script Text	Comments/Notes
	<p>I can also provide you their contact information if we are disconnected.</p> <p>The phone number is 1 (888) 995-HOPE and the web address is www.hopenow.com.</p> <p><i>This must be a cold transfer as the Hotline has a disclosure that must be heard by consumer.</i></p> <p>< Consumer does NOT want to be connected to HOPE> button <Go to Closing> button</p> <p><Beginning> button <Previous> button</p> <p style="text-align: right;">55</p>	
56	<p>You may want to refer to the U.S. Department of Housing & Urban Development website at www.hud.gov or call 1 (800) 569-4287 to identify a HUD-approved housing counselor in your area.</p> <p>You may also want to go to the CFPB website at consumerfinance.gov for information about other resources available in your area. <i>HT: CFPB Phone #: 1 (855) 411-CFPB (2372)</i></p> <p>Here's the information to contact HOPE if you change your mind in the future: 1 (888) 995-HOPE or www.hopenow.com.</p> <p><Go to Closing> button</p> <p><Beginning> button <Previous> button</p> <p style="text-align: right;">56</p>	
57	<p>We are sorry to hear that. The HOPE™ Hotline can only collect information on a possible scam and refer it to a centralized database where it can then be reviewed by appropriate authorities. Please know that by reporting the potential scam and reporting its continued operation, you are doing a public service. The more information we can assemble on a scam operation, the greater the likelihood action can be taken by the appropriate regulator.</p> <p>Would you like me to connect you with the HOPE Hotline right now?</p> <p>I can also provide you their contact information if we are disconnected.</p> <p>The phone number is 1 (888) 995-HOPE and the web address is www.hopenow.com.</p> <p><i>This must be a cold transfer as the Hotline has a disclosure that must be heard by consumer.</i></p>	

Script #	Script Text	Comments/Notes
	<p>Advise the consumer to ask for the Anti-Scam Dedicated Team.</p> <p>< Consumer does NOT want to be connected to HOPE> button <Go to Closing> button</p> <p><Beginning> button <Previous> button</p>	
58	<p>Unfortunately, we cannot assist you with bringing a civil lawsuit in your name against any entity. However, the CFPB website has information on other resources that may help you.</p> <p>Also, the HOPE™ Hotline has suggestions for resources that might be able to assist you with this. Would you like me to connect you to the HOPE Hotline?</p> <p>I can also provide you their contact information if we are disconnected.</p> <p>The phone number is 1 (888) 995-HOPE and the web address is www.hopenow.com.</p> <p>This must be a cold transfer as the Hotline has a disclosure that must be heard by consumer.</p> <p>< Consumer does NOT want to be connected to HOPE> button <Go to Closing> button</p> <p><Beginning> button <Previous> button</p>	57
59	<p>It is very important that you have all your documents ready to upload when you go on to our website to file your complaint. The product information tab of the complaint will allow you to upload any supporting documents. Please be sure that you upload your documents prior to submitting your complaint. No documents can be attached to your complaint after you have submitted the complaint.</p> <p>Offer to guide the consumer to the web form.</p> <p>Please visit our website at consumerfinance.gov to submit your complaint online. HT: CFPB Phone # : 1 (855) 411-CFPB (2372)</p> <p>If you are having trouble uploading your documents, assistance in completing the complaint online may be provided by a chat agent. Just click on the link shown on the complaint form label "<i>Form trouble? Chat Now</i>" to connect to a chat agent.</p>	58

Script #	Script Text	Comments/Notes
	<p><Go to Closing> button</p> <p><Beginning> button</p> <p><Previous> button</p> <p><Next> button</p>	
<p>60</p> <p>[standard script page]</p>	<p>Before we close may I have your name?</p> <p>Contact* <Enter contact info or Anonymous contact record, Editable></p> <p><Click if consumer does NOT want to provide contact info> button</p> <p>Product* <HL Product/Sub Product, Editable></p> <p>Which best describes your issue?* <Issue/Sub Issue Editable></p> <p>Disposition* <select Disposition from drop down list></p> <p>Status* <Status Editable></p> <p>Agent Reminder Notes:</p> <ol style="list-style-type: none"> Do not provide consumers with a case number unless the consumer specifically asks for a case number. Be sure to include information about a referral as a Private Note (on the Message tab). Be sure to click the <Submit Inquiry> button FOLLOWED BY the <Close> button to properly save the case. <p>Thank you for calling the CFPB. You can also find more information at consumerfinance.gov.</p> <p><Submit Inquiry> button</p> <div style="border: 1px solid black; background-color: #f0f0f0; padding: 5px;"> <p><i>{After clicking, <Submit Inquiry> button, this 'closing pop up is displayed.}</i></p> <p><Close> button</p> </div> <p><Beginning> button</p> <p><Previous> button</p>	<p style="text-align: right;">59</p> <p>Note: All fields will become "READ ONLY" after the "Submit Inquiry" button is clicked and the closing pop up is displayed.</p>
<p>60</p> <p>[2015 customer]</p>	<p>Before we close may I have your name?</p> <p>Contact* <Enter contact info or Anonymous contact record, Editable></p>	<p style="text-align: right;">60</p> <p>Note: All fields will become "READ ONLY" after the "Submit Inquiry" button is clicked and the</p>

Script #	Script Text	Comments/Notes
<p>service survey page - temporary script language highlighted]</p>	<p><Click if consumer does NOT want to provide contact info> button</p> <p>Product* <HL Product/Sub Product, Editable> Which best describes your issue?* <Issue/Sub Issue Editable></p> <p>Disposition* <select Disposition from drop down list> Status* <Status Editable></p> <p>Agent Reminder Notes:</p> <ol style="list-style-type: none"> 1. Do not provide consumers with a case number unless the consumer specifically asks for a case number. 2. Be sure to include information about a referral as a Private Note (on the Message tab). 3. Be sure to click the <Submit Inquiry> button FOLLOWED BY the <Close> button to properly save the case. <p>Are you willing to take a short, anonymous survey about your experience today?</p> <p><i>{If consumer says "Yes", say;}</i> Thanks. Now I'm going to connect you with someone else for the survey.</p> <p>Transfer call and then continue to the Submit Inquiry button.</p> <p><i>{If consumer says "No", say;}</i> Thank you for calling the CFPB. You can also find more information at consumerfinance.gov.</p> <p><Submit Inquiry> button</p> <hr/> <p><i>{After clicking, <Submit Inquiry> button, this 'closing pop up is displayed.'}</i> <Close> button</p> <p><Beginning> button <Previous> button</p>	<p>closing pop up is displayed.</p>
<p>61</p>	<p>You must re-select Question or Complaint before being able to continue.</p> <p><Click to re-select Question or Complaint> button</p>	<p>61</p>
<p>62</p>	<p>You must re-select whether related to a personal mortgage or on behalf of a mortgage related company</p>	

Script #	Script Text	Comments/Notes
	<p>before being able to continue.</p> <p><Click to re-select Personal or Company> button</p>	62
63	<p>Where did the transaction take place? <Drop down or radio button selection, choose ONE></p> <p> ___ Online ___ In person, phone, fax</p> <hr/> <p><i>{Dynamic depending on where transaction took place}</i> <i>{IF Online}</i> What is the web site or mobile app that was used? <Text box to fill in URL or app name></p> <p><i>{IF In Person/Phone/Fax}</i> Company(Sender Agent)* <fill in company name> Country (Sender Agent)* <fill in country from drop down list, 'Choose' Default> Address1 (Sender Agent) <fill in street address, optional> Address 2 (Sender Agent) <fill in street address, optional> City (Sender Agent) <fill in city name, optional> State (Sender Agent)* <Required if US only. code from drop down list > Zip Code (Sender Agent) <fill in zip or zip+4, optional> Telephone (Sender Agent) <fill in phone number, optional></p> <hr/> <p><i>{DYNAMIC, If the Primary Contact or the On Behalf of person are NOT the sender the name and address fields are presented for Agent to complete. Otherwise they are hidden.}</i> Salutation (Sender) <choose one, optional> First Name (Sender)* <fill in name> Middle Name (Sender) <fill in name, optional> Last Name (Sender)* <fill in name> Suffix (Sender) <choose one, optional> Country(Sender)* <choose one, "Choose" default> Address 1 (Sender) <fill in address, optional> Address 2 (Sender) <fill in address, optional> City (Sender) <fill in city, optional> State (Sender)* <choose state code, REQUIRED if US = Country> Zip Code (Sender) <fill in zip, optional ></p> <hr/> <p>Can you please provide the email address and phone number given to the company for the sender?"</p>	

Script #	Script Text	Comments/Notes
	Telephone (Sender) <i><fill in phone#, optional></i> Email (Sender) <i><Fill in email address, optional></i> <Beginning> button <Previous> button <Next> button	
64	<p><i>{HL Product = Money Transfer for RECEIVING INFORMATION}</i> How was the transfer received? <i><Drop down or radio button selection, choose ONE></i> ___ In person or at home? ___ Deposited or credited to an account?</p> <p>Company(Receiving Agent)* <i><Fill in name></i> Country (Receiving Agent)* <i><choose one, "Choose" default></i> Address 1 (Receiving Agent) <i><fill in address, optional></i> Address 2 (Receiving Agent) <i><fill in address, optional></i> City (Receiving Agent) <i><fill in city, optional></i> State (Receiving Agent)* <i><choose state code, REQUIRED if US = Country></i> Zip Code (Receiving Agent) <i><fill in zip, optional></i></p> <p><i>{if DEPOSITED OR CREDITED}</i> Website or Mobile app name (Receiving Agent)? <i><Text box to fill in URL or app name></i> Can you provide the account number? <i><Fill in account number></i></p> <p>If the consumer is concerned about providing account information: We use unique information about the account to verify that we have the right person to provide to the company and to help make sure the company reviews the correct account information. The more information you provide, the easier it will be to review and process the complaint.</p> <p><i>{DYNAMIC, If the Primary Contact or the On Behalf of person are NOT the recipient the name and address fields are presented for Agent to complete. Otherwise they are hidden.}</i> Salutation (Recipient) <i><choose one, optional></i> First Name (Recipient)* <i><fill in name></i> Middle Name (Recipient) <i><fill in name, optional></i> Last Name(Recipient)* <i><fill in name></i> Suffix (Recipient) <i><choose one, optional></i> Country (Recipient)* <i><choose one></i></p>	63

Script #	Script Text	Comments/Notes
	<p>Address 1 (Recipient) <fill in address, optional> Address 2 (Recipient) <fill in address, optional> City (Recipient) <fill in city, optional> State (Recipient)* <choose state code, REQUIRED if US = Country> Zip Code (Recipient) <fill in zip, optional></p> <hr/> <p>Can you please provide the email address and phone number given to the company for the recipient? Telephone (Recipient) <fill in phone#, optional> Email (Recipient) <Fill in email address, optional></p> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">64</p>	
65	<p><i>{DYNAMIC, If High Level Product = Debt collection}</i></p> <p>Are you filing this complaint only on behalf of yourself? <select Yes or NO></p> <hr/> <p><i>{DYNAMIC, If answer to above question is "NO"}</i></p> <p>We are only able to take Debt collection complaints by phone if you are filing individually. I'd be happy to have a debt collection complaint form sent to you by mail. You'll need to make sure that both you and the other party sign the form before returning it to us.</p> <p><Go to Closing> button</p> <hr/> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">65</p>	
66	<p><i>{If High Level Product = Debt collection}</i></p> <p><i>{If sub Product = Payday loan}</i></p> <p>Where did you get the payday loan? _____ <Select "In person / at a store" or "Online"></p> <p>If consumers indicate that they applied online but picked up their loan in person, select "In person / at a</p>	

Script #	Script Text	Comments/Notes
	<p>store”</p> <p><i>{Dynamic, if “In person / at a store” selected}</i> In which state is the store located? <Select US state, dropdown list> If the consumer asks why we need this information, say: ”This is important because different states have different laws for payday loans.”</p> <p><i>{Dynamic, if “Online” selected}</i> What is the website you used to apply for the payday loan? <Fill in web URL></p> <hr/> <p>What company is contacting you about this debt?* <Fill in company name></p> <p>Enter the company name provided by the consumer. If there is an exact match, you may select from the list. Otherwise, enter the full name as provided by the consumer.</p> <p>If caller does not know name of debt collection company, click on the 'Unknown Company' button <Company Unknown button> If caller says company is the Department of Education or Federal Student Aid, click on the 'Department of Education' button.<Dept. of Education> button</p> <hr/> <p><i>{Dynamic, appears if the company is unknown}</i> Since you don’t know the name of the company we will be unable to send this complaint to a company. All complaints will be used to help the CFPB understand consumers’ experiences and monitor providers of financial products and services. If you are able to identify the company that is contacting you in the next 30 days, you can provide that information by calling us.</p> <hr/> <p><i>{Dynamic, appears if company is NOT “unknown”}</i> Do you have an address for this company? Address 1 <fill in address, optional> Address 2 <fill in address, optional> City <fill in city, optional> State <fill in state from drop down menu, optional> ZIP code <fill in zip code+4, optional> Country <fill in country from drop down menu, United States if default)</p> <hr/> <p><i>{Dynamic, appears only if the Issue=Communications tactics and the sub-issue is the 1st, 2nd or 5th in the sub issue list}</i></p>	

Script #	Script Text	Comments/Notes
	<p>What phone number are they calling? <fill in caller's phone # called by debt collector> <i>This is the caller's phone number that the debt collector is dialing.</i></p> <hr/> <p>Can you provide a phone number the company is calling you from? <fill in phone number, optional></p> <p><i>{Dynamic, appears if one phone number is provided}</i></p> <p>Is there a second phone number that they've called you from? <fill in phone number, optional></p> <p><i>This phone number is the number that appears in the caller ID on a phone or may have been provided by the company.</i></p> <p>Do you know the name or ID # of the debt collection company's representative who you've spoken to? <fill in name, optional></p> <p>Do you have an account number used by the debt collector when they contact you? <fill in account number, optional></p> <p>May I have the last 4 digits of your Social Security Number? <Enter SSN(4)></p> <p><i>Do you know where this debt came from?</i> <Same company>button <Different company> button <I don't know> button</p> <p><i>If caller is confused by the above question, say "We want to know if the people contacting you were hired by another company to collect their debts. If your debt has come from a different company, we'll give you the option to file two complaints about your issue: one complaint with the debt collector and a second complaint with the company that owns the debt. If you don't know where the debt came from, you should select the "I don't know" option."</i></p> <p><Beginning> button <Previous> button <Next> button</p> <p style="text-align: right;">66</p>	
-routing67	<i>{If High Level Product = Debt collection and "do you know where debt came from?" = Different Company (in S#66)}</i>	

Script #	Script Text	Comments/Notes
	<p>What is the name of the original creditor company?* <Fill in company name></p> <p>Enter the company name provided by the consumer. If there is an exact match, you may select from the list. Otherwise, enter the full name as provided by the consumer.</p> <p>If caller does not know name of debt collection company, click on the 'Unknown Company' button <Company Unknown button></p> <p>If caller says company is the Department of Education or Federal Student Aid, click on the 'Department of Education' button.<Dept of ED> button</p>	
	<p><i>{Dynamic, appears if the company is unknown}</i></p> <p>Since you don't know the name of the company we will use your complaint to help the CFPB understand consumers' experiences and monitor providers of financial products and services. If you are able to identify the creditor in next 30 days, you can provide that information by calling us.</p>	
	<p>Do you want to submit a complaint against this company too?* <Select YES or NO></p> <p>If the caller is confused by the above question: "The original creditor company name will be sent to the company contacting you about your debt to help their investigation. If you answer "Yes" to this question, CFPB will also send the complaint to the original creditor you provided."</p>	
	<p><i>{Dynamic, appears only if the caller want to submit a complaint against the original creditor}</i></p>	
	<p><i>{Dynamic, appears if company is NOT "unknown"}</i></p> <p>Do you have an address for this company?</p> <p>Address 1 <fill in address, optional></p> <p>Address 2 <fill in address, optional></p> <p>City <fill in city, optional></p> <p>State <fill in state from drop down menu, optional></p> <p>ZIP code <fill in zip code+4, optional></p> <p>Country <fill in country from drop down menu, United States if default></p>	
	<p>If they are calling you, can you provide a phone number the company is calling you from?</p> <p><fill in phone number, optional></p>	
	<p><i>{Dynamic, appears if one phone number is provided}</i></p> <p>Is there a second phone number that they've called you from?</p> <p><fill in phone number, optional></p>	
	<p>This phone number is the number that appears in the caller ID on a phone or may have been provided by</p>	

Script #	Script Text	Comments/Notes
	<p>the company.</p> <p>Do you know the name or ID # of the original creditor company's representative who you've spoken to? <fill in name, optional></p> <p>Do you have an account number assigned by the original creditor? <fill in account number, optional></p> <hr/> <p><Beginning> button <Previous> button <Next> button</p>	
68	<p><i>{If HL Product = Credit reporting & caller wants to file a complaint (S#3 response= Complaint)}</i></p> <p>Unfortunately we cannot take your complaint by phone at this time. In order to work on your credit reporting complaint, we need your permission to have access to your credit report. We'll only use your credit report to work on your complaint, but we can't get started until we have your permission to get it.</p> <p>Do you have access to the Internet? <click on YES or NO button></p> <hr/> <p><i>{Dynamic }</i> <i>If YES:</i> You can complete the form on our website consumerfinance.gov. Once it is submitted, we will process the complaint</p> <p><i>If NO:</i> I can mail you a complaint form and a consent form.</p> <p>Please fill out the forms and send them back to us via fax at (855) 237-2392 or mail it to us at: Consumer Financial Protection Bureau P.O. Box 4503 Iowa City, Iowa 52244</p> <hr/> <p><Beginning> button <Previous> button</p> <p><Go to Closing> button</p>	67
		68