PRIVACY ACT STATEMENT
Form FDIC 6422/04

The collection of this information is authorized by Section 9 of the Federal Deposit Insurance Act (12 U.S.C. §1819) and Section 202(f) of Title II of the Federal Trade Improvement Act (15 U.S.C. §57a(f)). The FDIC will use this information to respond to your questions and requests for assistance involving activities or practices of FDIC-insured depository institutions. Submitting this information to the FDIC is voluntary. Failure to submit all of the information requested and to complete the form entirely could delay or prevent the response to your request. The information provided by individuals is protected by the Privacy Act, 5 USC §552a. The information may be furnished to third parties as authorized by law or used according to any of the other routine uses described in the FDIC Consumer Complaint and Inquiry Records System of Records (FDIC-30-64-0005). A complete copy of this System of Records is available at
http://www.fdic.gov/regulations/laws/rules/2000-4000.html#fdic200030--64--0005. If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at Privacy@fdic.gov.

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0134), Washington, D.C. 20503.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control number.

MAILING ADDRESS

FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
1-877-ASK-FDIC (1-877-275-3342)
(Monday - Friday 8:00 am to 8:00 pm EST)
703-812-1020 (Fax number)

Federal Deposit Insurance Corporation
CUSTOMER ASSISTANCE FORM

INSTRUCTIONS: Please print or type. Complete this form if you have a question regarding FDIC deposit insurance coverage, or an inquiry or a complaint regarding your financial institution. Please note that if you have a complaint, the FDIC cannot (1) act as a court of law or as a lawyer on your behalf (2) cannot give you legal or financial advice, or (3) cannot become actively involved in complaints that are in litigation or have been litigated.

SECTION I - CONSUMER INFORMATION

NAME (Last, First, MI)	SALUTATION (Check one)
	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Doctor ☐ Honorable

HOME ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE

CITY	STATE	ZIP CODE	COUNTRY

EMAIL ADDRESS

PLEASE ANSWER THE FOLLOWING THREE QUESTIONS:

1. WHAT IS THE BEST WAY TO CONTACT YOU? (Check one) ☐ Phone   ☐ Mail   ☐ Email

2. WHAT IS THE BEST TIME TO CONTACT YOU? (Check one) ☐ Morning   ☐ Afternoon   ☐ Evening

3. IS THIS REQUEST SUBMITTED ON BEHALF OF YOU OR ANOTHER INDIVIDUAL? ☐ YES ☐ NO (*If this request is made on behalf of another individual, please provide the following information.) If the address is the same, check this box ☐.*

NAME (Last, First, MI)

HOME ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE

CITY	STATE	ZIP CODE	COUNTRY

EMAIL ADDRESS

SECTION II – ADDITIONAL CONTACT INFORMATION

DO YOU WANT US TO COMMUNICATE WITH ANOTHER INDIVIDUAL ON YOUR BEHALF, SUCH AS A FAMILY MEMBER, ATTORNEY, OR OTHER PERSON REPRESENTING YOU ABOUT THIS COMPLAINT? ☐ YES ☐ NO (*If YES, provide representative's information below.)*

NAME (Last, First, MI)	RELATIONSHIP

HOME ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE

CITY	STATE	ZIP CODE	COUNTRY

EMAIL ADDRESS

SECTION III - FINANCIAL INSTITUTION INFORMATION

DOES YOUR REQUEST INVOLVE A SPECIFIC FINANCIAL INSTITUTION? ☐ YES ☐ NO (*If YES, provide the following information.)*

NAME OF FINANCIAL INSTITUTION

ADDRESS	HOME PHONE

Federal Deposit Insurance Corporation
CUSTOMER ASSISTANCE FORM

CITY	STATE	ZIP CODE	COUNTRY

SECTION III - FINANCIAL INSTITUTION INFORMATION *(Cont'd)*

INDICATE THE TYPE OF ACCOUNT YOU HAVE WITH THIS INSTITUTION *(Check all that apply.)*

☐ CREDIT CARD　　☐ CHECKING　　☐ MORTGAGE　　☐ OTHER _____

SECTION IV – COMPLAINT INFORMATION (Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). Do not include personal or confidential information such as your social security, credit card, or bank account numbers. If you need to provide COPIES of any supporting documentation such as contracts, monthly statements, receipts or any correspondence with the bank (do not send original documents), you may mail or fax this information to the address above.)

NOTE: Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

☐ Checking this box authorizes the FDIC to respond and investigate (if applicable) your **concerns.**

1. HAVE YOU TRIED TO RESOLVE YOUR COMPLAINT WITH YOUR FINANCIAL INSTITUTION OR COMPANY?
   ☐ YES ☐ NO *(If Yes, on what date did you attempt to resolve the complaint?)* _____

2. HOW DID YOU TRY TO RESOLVE YOUR COMPLAINT *(Check all that apply and provide contact information.)*

   ☐ TELEPHONE　　☐ MAIL　　☐ IN PERSON ☐ OTHER *(Specify)* _____

NAME OF CONTACT	POSITION TITLE

3. HAVE YOU FILED A COMPLAINT OR CONTACTED ANOTHER GOVERNMENT AGENCY? ☐ YES ☐ NO *(If YES, provide the name of the agency in the space provided below.)*

NAME OF AGENCY

DESCRIPTION *(Describe below the nature of your complaint. Use single quote marks rather than double quotes.)*
Click here to type text

SECTION V – COMPLAINT INFORMATION *(Cont'd)*

DESIRED RESOLUTION *(What action by the financial institution or company would resolve this matter to your satisfaction?)*

Click here to type text.