

The logo for the National Credit Union Administration Consumer Assistance Center. It features the text "NCUA CONSUMER ASSISTANCE CENTER" in white, uppercase letters on a green rectangular background.

## NCUA CONSUMER ASSISTANCE CENTER

National Credit Union Administration  
Consumer Assistance Center  
1775 Duke St., Alexandria, VA 22314-3418  
Fax: 703-518-6682  
Consumer Website: [www.MyCreditUnion.gov](http://www.MyCreditUnion.gov)

Questions? Call us at 800-755-1030

### How We Can Help - Complaints

The Consumer Assistance Center assists consumers in resolving disputes with credit unions and providing information about federal financial consumer protection and share insurance matters. NCUA's Consumer Assistance Center is responsible for addressing consumer complaints involving federal credit unions with total assets up to \$10 billion, and in certain instances, federally insured state-chartered credit unions. Complaints involving matters that do not fall within NCUA's purview are forwarded to either the appropriate state supervisory authority or federal regulator for disposition.

### How Do I Resolve a Complaint Against My Credit Union?

If you have a complaint, first, try to resolve the problem directly with your credit union. This may involve contacting the credit union's customer service department, senior credit union management, or supervisory committee. If you cannot resolve the issue with your credit union, you can contact the NCUA for help by completing the **NCUA Consumer Assistance Form** below. If your complaint involves more than one issue or credit union, you will need to submit a separate complaint form for each. Once the form has been received you will receive an acknowledgement and additional information from NCUA's Consumer Assistance Center.

### Before You Submit a Complaint, Here's What We Need:

- A completed Consumer Assistance Form. Please type or print clearly in ink. Mail or fax the completed form and a **COPY** of all documentation to: National Credit Union Administration, Consumer Assistance Center, 1775 Duke St., Alexandria, VA 22314-3418; or Fax to 703-518-6682.
- Copies of any written correspondence between you and the credit union regarding your complaint issue, as well as any supporting documentation (if you have it). **Do not send original statements or documents. Do not include personal or confidential information, such as your social security, credit card, or account numbers.**

### NCUA Consumer Assistance Center Complaint Process

1. **File a complaint:** The complaint process begins when you submit a written complaint to the Consumer Assistance Center either online at [www.MyCreditUnion.gov](http://www.MyCreditUnion.gov) or by mail or fax.
2. **Consumer Assistance Center Review:** Upon receiving your complaint the Consumer Assistance Center will send you an acknowledgment that includes a case number. Thereafter, we will determine whether your complaint involves matters within NCUA's enforcement authority. If your complaint falls outside of our authority, we will notify you that your case has been referred to the appropriate federal or state regulator for handling.
3. **Forwarded to Credit Union for Attempted Resolution:** If your complaint involves a federal financial consumer protection regulation that NCUA enforces, we will forward it and any documents to the credit union for its review. The credit union may attempt to resolve your complaint within 60 calendar days of receiving your complaint. In the event that the matter is resolved and the credit union confirms this in writing to both you and the Consumer Assistance Center within the 60-day time period, the Consumer Assistance Center will close your case.
4. **Consumer Assistance Center Investigation:** We may begin a formal investigation of the matter, if:
  - The Consumer Assistance Center does not receive any written response about your complaint from the credit union within the 60-day time period;
  - The credit union notifies the Consumer Assistance Center in writing that it has been unable to resolve your complaint; or
  - You dispute the credit union's assertion that your complaint has been resolved by contacting the Consumer Assistance Center in writing within 30 calendar days of the date of the credit union's response letter to you.



# CONSUMER ASSISTANCE FORM

Please type or print clearly in ink below. Mail or Fax this form and a **COPY** of all documentation to:

National Credit Union Administration  
 Consumer Assistance Center  
 1775 Duke St., Alexandria, VA 22314-3418  
 Fax: 703-518-6682

\* Required information for processing your complaint

| 1. YOUR INFORMATION   | 2. CREDIT UNION INFORMATION   |
|---|---|
| Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | *Credit Union Name:   |
| *First Name:  | Phone:  |
| *Last Name:   | *Address:   |
| Email:  | *City:  |
| *Daytime Phone:   | *State:   |
| *Address:   | *Zip Code:  |
| *City:  | *Have you contacted the credit union regarding your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names/dates: |
| *State:   |   |
| *Zip Code:  |   |
| *Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish              |   |
| *Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email                   |   |

| 3. REPRESENTATIVE INFORMATION  |
|--|
| *Do you want us to communicate with an attorney or other legal representative, regarding this complaint?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If you checked 'No', skip to Section 4. |
| By checking 'Yes', you authorize the NCUA Consumer Assistance Center to communicate with your attorney or legal representative on your behalf regarding this complaint.                                      |
| Representative Type: <input type="checkbox"/> Attorney <input type="checkbox"/> Legal Representative   |
| First Name: _____ Last Name: _____   |
| Address: _____   |
| City: _____ State: _____   |
| Zip Code: _____ Phone: _____   |
| Email: _____   |

\* Required information for processing your complaint

#### 4. SERVICEMEMBER INFORMATION

\*Is this complaint for a servicemember, or dependent or spouse of a servicemember?

Yes  No If you checked 'No', skip to Section 5.

If yes, select one:  I am a servicemember  I am a dependent or spouse of a servicemember

**What is the servicemember's status?**

Active  Retired  Veteran  Reserve  National Guard  Unknown

**What is the servicemember's branch of service?**

Army  Navy  Marines  Air Force  Coast Guard  USPHS  NOAA  Unknown

**What is the servicemember's rank?**

E1-E4  E5-E7  E8-E9  O1-O3  O4-O6  O7-O10  W1-CW5  Unknown

#### 5. \*YOUR COMPLAINT IS ABOUT WHICH TYPE OF ACCOUNT OR LOAN TYPE? Select only one.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Savings/Share Account                    | <input type="checkbox"/> ATM/Debit Card                  | <input type="checkbox"/> Credit Card       |
| <input type="checkbox"/> Checking/Share Draft Account             | <input type="checkbox"/> Car/Auto Loan                   | <input type="checkbox"/> Consumer Loan     |
| <input type="checkbox"/> Money Market Account                     | <input type="checkbox"/> Student Loan                    | <input type="checkbox"/> Payday/Title Loan |
| <input type="checkbox"/> Certificate of Deposit/Share Certificate | <input type="checkbox"/> Home Equity Loan/Line of Credit | <input type="checkbox"/> Overdraft Loan    |
| <input type="checkbox"/> Retirement Account, e.g., IRA, Keogh     | <input type="checkbox"/> Mortgage/Home Loan              | <input type="checkbox"/> Consumer Lease    |

#### 6. \*WHAT IS YOUR PROBLEM OR PRIMARY ISSUE? Select only one.

**If your complaint involves more than one issue, you will need to submit a separate complaint form for each.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Account Opening                   | <input type="checkbox"/> Overdraft Opt-In                              | <input type="checkbox"/> Unauthorized Charge/Transfer |
| <input type="checkbox"/> Account Disclosures               | <input type="checkbox"/> Funds Availability                            | <input type="checkbox"/> Credit Report/Credit Score   |
| <input type="checkbox"/> Opening/Closing Fees              | <input type="checkbox"/> Frozen Account                                | <input type="checkbox"/> Loan Denial                  |
| <input type="checkbox"/> Dormant Account Fees              | <input type="checkbox"/> Removal of funds from account by credit union | <input type="checkbox"/> Credit Limit                 |
| <input type="checkbox"/> Overdraft Fees                    | <input type="checkbox"/> Garnishment                                   | <input type="checkbox"/> Appraisal-Related Issue      |
| <input type="checkbox"/> Checking/Share Draft Fees         | <input type="checkbox"/> Debt Collection                               | <input type="checkbox"/> Identity Theft               |
| <input type="checkbox"/> Receipt of Account Statement      | <input type="checkbox"/> Release of Title                              | <input type="checkbox"/> Credit Union Membership      |
| <input type="checkbox"/> Wire or Money Transfer/Remittance |  | <input type="checkbox"/> Credit Union Governance      |

## 7. COMPLAINT INFORMATION

Please be advised that the issues described in this complaint and any attachments will be shared with the credit union for its response.

\*Is your complaint the subject of pending litigation?  Yes  No

\*Please describe the nature of your complaint:

Please list events in the order they occurred. Include full names, dates, and a 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 account numbers.**

Be as brief and complete as possible to make the explanation clear.

Attach additional pages if needed. If possible, type the additional pages and use letter size paper (8 ½ x 11") for all attachments.

Please attach **COPIES** of your statements, cancelled checks, correspondence, or other documents that will help us review your complaint.

**Always send copies. Do not send original documents.**

\*What is your desired resolution?

## NCUA's Authority

Please note, NCUA does not have the authority to resolve every type of problem that may arise with a credit union. We are unable to resolve contract disputes or undocumented factual disputes between a consumer and a credit union. In these cases, we suggest that you contact an attorney. We cannot investigate matters that are the subject of a pending lawsuit or offer legal assistance. NCUA cannot represent consumers in settling claims or recovering damages. NCUA does not own, operate, or control credit unions, nor do we establish their operating policies and procedures. We cannot dictate the range of services they offer and are unable to resolve complaints about customer service or disagreements over specific credit union policies and procedures not addressed by federal law or regulation.

## Privacy

The information collected is solicited to provide NCUA with data that is necessary and useful in reviewing requests received from individuals regarding their interactions with federal and federally insured credit unions. You are not required to give us this information. However, without such information, our ability to complete a review or to provide requested assistance may be hindered. It is intended that the information you provide to us will be used within NCUA and provided to the credit union that is the subject of your complaint or inquiry. As required by law, we may make additional disclosures of such information.

### Paperwork Reduction Act Statement

The estimated average public reporting burden associated with this information collection is 10 minutes per response. Comments concerning the accuracy of this burden estimate and or any other aspect of this information collection, including suggestions for reducing this burden should be address to the National Credit Union Administration, ATTN: PRA Clearance Officer, 1775 Duke Street, Alexandria, Virginia 22314. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid OMB control number.

**In submitting this form, you agree the information provided is true to the best of your knowledge and belief. I authorize NCUA to send the information submitted to the institution identified above. I understand that NCUA cannot act as my lawyer, a court of law, or a financial advisor.**

\* Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please note:

- We suggest you keep a copy of your completed form for your records. Once we receive your form, we will provide you with a case number. Keep this number for future contact with NCUA's Consumer Assistance Center.
- The attempted resolution and/or investigation of your complaint may take several months.
- You may check the status of your complaint online at [www.MyCreditUnion.gov](http://www.MyCreditUnion.gov) or by contacting the NCUA Consumer Assistance Center at 800-755-1030, Monday-Friday 8 AM to 5 PM ET.
- A complaint to the Consumer Assistance Center is not a substitute for pursuing private legal remedies.