

Board of Governors of the Federal Reserve System



Consumer Complaint Form

This form is authorized by law (15 U.S.C. §57(a)(f)(1)) and is voluntary.

Your Information

Prefix: Mr. Mrs. Ms. Dr. *First Name: _____ *Last Name: _____

*Address: _____

Email: _____ City _____ State / Province _____ Zip Code _____ Country _____

*Phone: _____ Alternate Phone: _____ *Contact Preference: Mail Email

Representative Contact

Do you want us to communicate with a third party, such as an attorney or other legal representative, regarding this complaint?

Yes No If you checked No, skip to Institution Information.

By selecting Yes, you legally authorize the Federal Reserve System to release information to and communicate directly with the party named below and for that party to act on your behalf in the processing of this complaint.

Prefix: Mr. Mrs. Ms. Dr. *First Name: _____ *Last Name: _____

*Address: _____

City _____ State / Province _____ Zip Code _____ Country _____

Email: _____ *Phone: _____ Alternate Phone: _____

Institution Information

Please provide as much information as possible about the bank or financial institution.

*Institution Name: _____

Account / Product Type: _____ Routing Number: _____

*Address: _____

City _____ State / Province _____ Zip Code _____ Country _____

If you do not have the exact address of the bank or financial institution, provide a location, such as the nearest cross streets or major intersection.

Email: _____ *Phone: _____

Please print clearly.
Mail or fax this completed form to:
Federal Reserve Consumer Help
PO Box 1200, Minneapolis, MN 55480
Fax: 877-888-2520

Questions? Call us at 888-851-1920

*Required Fields

Pubic reporting burden for this information collection is estimated to average ten minutes per response. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0181), Washington, DC 20503.

Interagency Appraisal Complaint Form—Continued

Complaint

*Provide a brief description of the complaint including dates and the names of those you dealt with.
Do NOT include any personal information such as account numbers or Social Security numbers.

How can your complaint be satisfactorily addressed?

*Required Fields

Privacy Notice

The information you are providing is being collected pursuant to the individual authorities of the federal financial institution regulators (12 U.S.C. §§ 1481, 1464, 1756, 1766, 1820, and 1844 in connection with a complaint made pursuant to 12 U.S.C. § 3351(i). The information provided will be used to ensure the appropriate regulator receives your complaint and by the regulator to review and respond to your complaint. In order to review and respond to your complaint, the appropriate regulator may disclose your information consistent with the routine uses listed in the regulators' respective Privacy Act Statement:

OCC (www.helpwithmybank.gov/policies/policies-privacy.html),
FDIC (www.fdic.gov/consumers/questions/Priv_statement.html),
FRB (www.federalreserve.gov/privacy.htm), and,
NCUA (www.ncu.gov/privacy/website-privacy-policy).

Do not include any information in your complaint you consider confidential or do not want disclosed during the complaint review process. While completing this form is voluntary, failure to provide all of the information may delay or prevent the appropriate regulator from reviewing your complaint.

Signature

Date (MM/DD/YYYY)