

Who are you submitting this complaint for?

Myself
 I am submitting this complaint for myself

Someone else
 The consumer has authorized me to submit this complaint for them

Your contact information

Enter your information so the company can respond to you about this complaint.

First name	Middle (optional)	Last name	Suffix (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an option <input type="text"/>

Country:

Address line 1:

Address line 2 (optional):

City: State: ZIP or postal code:

Phone number (optional):

Email
 This will create your secure online account where you can see your complaint, status information, and the company's response.
 Without an email address, you'll have to wait for updates to arrive by mail or call our contact center to hear the company's response.

Re-enter your email address:

I don't have an email address.

Your demographic information

Help us identify problems affecting different consumers
 Information about consumers helps us understand the types of problems different consumers have with financial products and services. By providing the information requested below, you can help us spot patterns affecting servicemembers and their families and consumers of different ages, household sizes, and incomes.

Age (optional):

Servicemember status (optional):

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

Household size including total number of adults and children (optional):

Combined annual household income (optional):

Who are the people involved?

Identify who is involved in this complaint. This could include:

- "Just you" if you are the account holder or borrower
- "You and someone else" if you are submitting for yourself and want to include another account holder or co-borrower
- "Someone else" if you are submitting for someone else as an authorized third party, such as a lawyer, advocate, or power of attorney

Just you
 You and someone else

Someone else

Your contact information

Enter information about the account holder or borrower.

First name	Middle (optional)	Last name	Suffix (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an option <input type="text"/>

Country:

Address line 1:

Address line 2 (optional):

City: State: ZIP or postal code:

Age (optional):

Phone number (optional):

Email
 We'll use this email address to send updates about the status of this complaint. It will also be the username for the account.

You don't have an email address.

What affiliations does the primary consumer have? Choose all that apply. (optional)
 We use this information to help identify trends in the marketplace.

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

Who are you submitting this complaint for?

Myself

I am submitting this complaint for myself

Someone else

The consumer has authorized me to submit this complaint for them

Your information

You must identify yourself to submit this complaint to the Consumer Financial Protection Bureau.

First name	Middle (optional)	Last name	Suffix (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an option <input type="text"/>

Relationship to the consumer you are submitting a complaint for

Select an option

Country

United States

Address line 1

Address line 2 (optional)

City	State	ZIP or postal code
<input type="text"/>	Select an option <input type="text"/>	<input type="text"/>

Phone number (optional)

Email

Re-enter your email address

If you are the consumer's authorized third party, we will use your email address to provide you with status updates. Companies are expected to respond to complaints submitted by authorized third parties; however, because we are unable to provide third parties with a copy of the company's written response you will need to call us to hear how the company responded. Companies generally require signed, written permission from the consumer before providing a response to third party complaints. If you want to attach signed written authorization from the consumer, go back to Step 3.

The consumer's contact information

Enter the consumer's information so the company can respond to them about this complaint.

First name	Middle (optional)	Last name	Suffix (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an option <input type="text"/>

Country

United States

Address line 1

Address line 2 (optional)

City	State	ZIP or postal code
<input type="text"/>	Select an option <input type="text"/>	<input type="text"/>

Phone number (optional)

Email
This will create a secure online account where the consumer can see their complaint, status information, and the company's response.

Without an email address, they'll have to wait for updates to arrive by mail or call our contact center to hear the company's response.

Re-enter the consumer's email address

The consumer does not have an email address.

Consumer's demographic information

i Help us identify problems affecting different consumers
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Age (optional)

Servicemember status (optional)

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

Household size including total number of adults and children (optional)

Select an option

Combined annual household income (optional)

Select an option

Who are the people involved?

Identify who is involved in this complaint. This could include:

- "Just you" if you are the account holder or borrower
- "You and someone else" if you are submitting for yourself and want to include another account holder or co-borrower
- "Someone else" if you are submitting for someone else as an authorized third party, such as a lawyer, advocate, or power of attorney

Just you

You and someone else

Someone else

Their contact information

Enter information about the account holder or borrower.

First name	Middle (optional)	Last name	Suffix (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an option <input type="text"/>

Country

United States

Address line 1

Address line 2 (optional)

City	State	ZIP or postal code
<input type="text"/>	Select an option <input type="text"/>	<input type="text"/>

Age (optional)

Phone number (optional)

Email
We'll use this email address to send updates about the status of this complaint. It will also be the username for the account.

They don't have an email address.

What affiliations does the primary consumer have? Choose all that apply.
(optional)
We use this information to help identify trends in the marketplace.

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

Additional person's information

Enter information about a co-borrower or other account holder, if you want them to be notified about the status of this complaint.

Does this complaint involve someone else?

Yes No

Additional point of contact

Enter information about the authorized third party, such as a lawyer, advocate, or power of attorney.

Should we send status updates to anyone else about this complaint?

Yes No

Relationship to other person

Select an option

First name	Middle (optional)	Last name	Suffix (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an option <input type="text"/>

Allow this person to access this complaint and receive status updates.
Allowing full access may require documentation, such as a release form signed and submitted by the primary consumer.

Country

United States

Address line 1

Address line 2 (optional)

City	State	ZIP or postal code
<input type="text"/>	Select an option <input type="text"/>	<input type="text"/>

Age (optional)

Phone number (optional)

Email
We'll use this email address to send updates about the status of this complaint. It will also be the username for the account.

They don't have an email address.