



Customer Assistance Form

[Formulario de asistencia al cliente](#)
(En Español)

FDIC 3064-0134 Expiration Date: XX/XX/XXXX

Privacy Act Statement

Collection of this information is authorized by 12 U.S.C. §§ 1818 and 1819 and 15 U.S.C. § 57a(f). The information you provide to the FDIC on this form will be used to investigate and respond to your complaint or inquiry. The information you provide may be disclosed to the institution which is the subject of the complaint or inquiry and to any third party sources, when necessary to investigate or resolve the complaint or inquiry; to the Federal or State supervisory authority that has direct supervision over the financial institution that is the subject of the complaint or inquiry; to appropriate Federal, state or local authorities agencies if a violation or possible violation of a civil or criminal law is apparent; to a congressional office in response to an inquiry made at your request; to a court, magistrate or administrative tribunal in the event of litigation, or in accordance with the other "routine uses of records" listed in the FDIC's Consumer Complaint and Inquiry System of Records, # 30-64-0005. Completing this form is voluntary, but failure to provide all of the information may delay or preclude investigation of your complaint or inquiry.

Last Updated 09/23/2015

Paperwork Reduction Act Statement

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.

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Please complete this form if you have an inquiry or a complaint regarding your financial institution. Once the form has been submitted you will receive the Customer Assistance Confirmation page indicating that your request has been received.

Please note that if you have a complaint:

- We cannot act as a court of law or as a lawyer on your behalf.
- We cannot give you legal or financial advice.
- We cannot become actively involved in complaints that are in litigation or have been litigated.

*** Required Fields**

***Indicate whether you are a:** Consumer **OR** Banker

Requester Information:

*Salutation

*Last Name

*First Name

Middle Name

*E-mail Address

*Confirm E-mail Address

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Home Phone Number Work Phone Number Cell Phone Number

*Street Address, line 1
Street Address, line 2
*City *State *Zip Zip Ext
*Country

What is the best way to contact you? Phone Mail Email
What is the best time to contact you? Morning Afternoon Evening

Is this request submitted on behalf of you and another individual? Yes No

Last Name First Name
E-mail Address

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Home Phone Number Work Phone Number Cell Phone Number

Same address as above? No Yes

Street Address, line 1
Street Address, line 2
City State Zip Zip Ext
Country

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 you list someone you authorize us to communicate with the listed individual and provide information to that individual as well.

Representative Last Name	<input type="text"/>	First Name	<input type="text"/>
Relationship	<input type="text"/>	E-mail Address	<input type="text"/>

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Home Phone Number	<input type="text"/>	Work Phone Number	<input type="text"/>	Cell Phone Number	<input type="text"/>		
Street Address, line 1	<input type="text"/>						
Street Address, line 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text" value="Please Select"/>	Zip	<input type="text"/>	Zip Ext	<input type="text"/>
Country	<input type="text"/>						

Does your request involve a specific financial institution? Yes No

Institution Name	<input type="text"/>						
Street Address, Line 1	<input type="text"/>						
Street Address, Line 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text" value="Please Select"/>	Zip	<input type="text"/>	Zip Ext	<input type="text"/>
Country	<input type="text"/>						

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Phone Number

Type of account(s)

Have you tried to resolve your complaint with your financial institution or company? Yes No

When? How? Phone Mail In Person Other

Contact Name Title

Have you filed a complaint or contacted another government agency? Yes No

Agency Name?

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:

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)

***Please describe below the nature of your complaint or inquiry.**

Use single quote marks rather than double quotes, if any.

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

***Desired Resolution**

What action by the financial institution or company would resolve this matter to your satisfaction?

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

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