



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

CONSUMER COMPLAINT FORM

*Required Fields

Questions? Call us at 888-851-1920

YOUR INFORMATION

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

*Address: _____
City State Zip Code Country

E-mail: _____

*Phone: _____ Alternate Phone: _____ *Contact Preference: Mail E-Mail

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 Zip Code Country

E-mail: _____

*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 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.

E-mail: _____ Phone: _____

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.

Multiple horizontal lines for writing the complaint description.

How can your complaint be satisfactorily addressed?

Multiple horizontal lines for writing the response to the complaint.

Privacy Act Statement

The information that you provide will permit the Federal Reserve to respond to consumer complaints and inquiries regarding practices by banks and other financial institutions supervised by the Board. The information you provide will be stored in the system of records entitled BGFRS - 18, "FRB - Consumer Complaint Information" and may be disclosed for the following purposes:

- List of purposes for which information may be disclosed, including to Board-regulated entities, third parties, enforcement, and other agencies.

This collection of information is authorized by 12 U.S.C. §§ 248 and 1844, 15 U.S.C. § 57a(f), and other consumer protection laws. You are not required to file a complaint or inquiry and you may withdraw your complaint or inquiry at any time. However, if you do so, the Federal Reserve may not be able to investigate your complaint or inquiry.

Paperwork Reduction Act Notice

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

Public 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, N.W., Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0135), Washington, DC 20503.

Signature: _____ Date: _____