



To request access to complaint information available in the CFPB Government Portal, complete and submit this form to StakeholderEngagement@cfpb.gov.

The CFPB may, in its discretion, approve or deny any access request to the Government Portal.

Notice of Collection under the Privacy Act of 1974, 5 U.S.C. 552a(e)(3) (Privacy Act Statement)

The information that you provide to the Consumer Financial Protection Bureau (CFPB) will be used to create a user account and provide access to the web-based Government Portal. Account access to the web-based Government Portal will enable you to view the complaints or inquiries. The information you provide in the portal and boarding form (including personally identifiable information (PII)) may be shared:

- with parties to a complaint;
- with a court, magistrate, or administrative tribunal in the course of a proceeding;
- for enforcement, statutory, and regulatory purposes;
- with another federal or state agency or regulatory authority;
- with a member of Congress; to the Department of Justice, a court, an adjudicative body or administrative tribunal, or a party in litigation; and
- with the public, members of the media, federal, state, and local government officials, or other recipients of public relations materials issued by the CFPB about the activities of the CFPB.

Although the CFPB does not otherwise anticipate further disclosing the information provided, it may also be disclosed as indicated in the Routine Uses described in the System of Records Notice CFPB.005 – Consumer Response System.

The collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1011, 1012, 1013(b)(3), 1021, 1034, codified at 12 U.S.C. 5491, 5492, 5493(b)(3), 5511, 5534.

Creating an account is voluntary. You are not required to provide any PII; however, if you do not include the requested information you may not be granted access to the Government Portal.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and notwithstanding any other provision of law a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0057. It expires on 08/31/2025. The time required to complete this information collection is estimated to average approximately 10 minutes per response. The obligation to respond to this collection of information is voluntary. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to

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GOVERNMENT BOARDING FORM

Agency information

1 1	AGENCY NAME	AGENCY LOCATION
	<input type="text"/>	<input type="text"/>

Click the box that best applies to your agency.

- Federal agency
- State agency
(State means any state, territory, or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, or The U.S. Virgin Islands)
- Federally recognized American Indian or Alaska Native tribal entity
- County or city government*

*County or city governments with delegated authority from a state agency should provide confirmation of delegated authority in question 2 below or as an attachment to this access request.

Authority to review, possess, and examine consumer financial complaints

2 As outlined in [12 CFR 1070.43\(b\)\(2\)](#), provide below or attach with this request, a citation to your agency's legal authority to review, possess, and examine consumer complaints about financial products and services.

Please be specific when citing the relevant legal authority. The cited legal authority should be your agency's authority to supervise, enforce, regulate, research, and/or monitor markets related to consumer financial products and services.

GOVERNMENT BOARDING FORM

Does your agency originate, service, and/or perform debt collection activities for any consumer financial product or service?

- Yes (please additional information below)
- No

If yes, please provide the statutory authority to perform such activities, if any. Please write N/A if there is no supporting statutory authority.

To your knowledge, is your agency subject to or has your agency ever been subject to a supervisory or enforcement action by a governmental entity?

- Yes
- No

Contact information

3

If the CFPB approves your agency's request for access, your agency must authorize employee(s) to be your point(s) of contact for the Government Portal. These people must recertify your agency's access annually and will be the only people authorized to add or remove users. Provide business contact information for at least one employee authorized to perform such duties. You may add a second optional employee authorized to perform such duties.

NAME OF AUTHORIZED EMPLOYEE (REQUIRED)

TITLE

EMAIL

PHONE NUMBER

- -

STREET

CITY

STATE

ZIP CODE

GOVERNMENT BOARDING FORM

NAME OF SECOND AUTHORIZED EMPLOYEE (OPTIONAL)

TITLE

EMAIL

PHONE NUMBER

 - -

STREET

CITY

STATE

ZIP CODE

Portal Users Information

4

If the CFPB approves your agency's request for access, we will need the following business contact information to set up the user profiles for each individual authorized by your agency to have access.

Is the authorized employee (from Section 2) the only authorized

Government Portal user in your office?

YES

NO

If 'NO' complete this section for each authorized user.

NAME OF AUTHORIZED USER

EMAIL

TITLE

PHONE NUMBER

 - -

If you run out of room here, you can fill in additional authorized users in Section 6.

NAME OF AUTHORIZED USER

EMAIL

TITLE

PHONE NUMBER

 - -

Submit

5

- By clicking this box, you affirm that the information provided is true to the best of your knowledge and belief.

NAME

DATE

To submit, save this completed form and email to StakeholderEngagement@cfpb.gov.

If the information you provided changes, please email StakeholderSupport@cfpb.gov.

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Addendum

6

If you need to register additional users, please enter them here.

If you run out of room on this page to fill in additional authorized users, please print/use multiple copies of this page as needed.

NAME OF AUTHORIZED USER

TITLE

PHONE NUMBER

EMAIL

TITLE

 - -

PHONE NUMBER

NAME OF AUTHORIZED USER

EMAIL

 - -

NAME OF AUTHORIZED USER

TITLE

EMAIL

PHONE NUMBER

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GOVERNMENT BOARDING FORM

