



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: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Signature: _____ Date: _____