






Submit a complaint about a financial product or service

VERSION 4 / 2017

How to submit this complaint form	Other ways to submit a complaint
 <p>By mail Consumer Financial Protection Bureau P.O. Box 2900 Clinton, IA 52733-2900</p>	 <p>Over the phone (855) 411-2372</p>  <p>Online consumerfinance.gov/complaint</p>

The complaint process

	Complaint submitted	You submit a complaint about an issue you have with a company about a consumer financial product or service. You will receive email updates and can log in to track the status of your complaint.
	Review and route	We'll forward your complaint and any documents you provide to the company and work to get a response from them. If we find that another government agency would be better able to assist, we will forward your complaint to them and let you know.
	Company response	The company reviews your complaint, communicates with you as needed, and reports back about the steps taken or that will be taken on the issue you identify in your complaint.
	Complaint published	We publish information about your complaint—such as the subject and date of the complaint—on our public Consumer Complaint Database. With your consent we also publish your description of what happened, after taking steps to remove personal information.
	Consumer review	We will let you know when the company responds. You'll be able to review the company's response and will have 60 days to give us feedback about the complaint process.



Consumer Financial Protection Bureau

COMPLAINT NUMBER (OFFICIAL USE ONLY)

SUBMIT A COMPLAINT ABOUT A FINANCIAL PRODUCT OR SERVICE

Describe your complaint in your own words.

We'll send your comments to the companies involved. The company may or may not offer to resolve your complaint.

1 What happened?

Include dates, amounts, and actions that were taken by you or the company.

Do not include personal information, such as your name, account number, address, Social Security number, etc. We may ask for some of this information later, to help the company identify you and your account.

You may attach additional paper to this complaint if you need more room to complete your description of what happened.

2 What would be a fair resolution to this issue?

Be specific so the company knows what resolution you are looking for.

Avoid including any of your personal contact information here. We will collect your personal information at a later step.

SUBMIT A COMPLAINT ABOUT A FINANCIAL PRODUCT OR SERVICE

Product or service type

3 **What is this complaint about?**
Choose the product or service that best matches your complaint.

<input type="checkbox"/> Mortgage	<input type="checkbox"/> Credit card or prepaid card	<input type="checkbox"/> Debt collection
<input type="checkbox"/> Student loan	<input type="checkbox"/> Checking or savings account	<input type="checkbox"/> Credit reporting, credit repair services, or other personal consumer reports
<input type="checkbox"/> Vehicle loan or lease	<input type="checkbox"/> Money transfer, virtual currency, or money service <i>(check cashing service, currency exchange, cashier's/traveler's check)</i>	
<input type="checkbox"/> Payday loan, title loan, or personal loan <i>(installment loan or personal line of credit)</i>		

4 **What type of problem are you having?**
In a few words, what is your issue with this product or service?

5 **Have you already tried to fix this problem with the company?** Yes No

6 **Have you done any of these things to try and resolve this issue? (optional)**
Check all that apply

<input type="checkbox"/> Contacted the Consumer Financial Protection Bureau	<input type="checkbox"/> Filed legal action	<input type="checkbox"/> Other: Include additional information in the space below
<input type="checkbox"/> Contacted another government agency		

Use the box to provide details such as the names of any government agencies contacted, the dates contacted, any case numbers, contact information, current status, attorney contact information (if applicable), etc.

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Personal information

- 7** Who are the people involved?
- Just you (answer questions 8 and 9)
 - You and someone else (answer questions 8, 9, and 10)
 - Someone else (answer questions 8, 9, and 11)

8 Who is the primary consumer?

This is the person whose name is on the account.

FIRST NAME	LAST NAME	SUFFIX <i>(optional)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
STREET			
<input type="text"/>			
CITY	STATE	ZIP CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL	AREA CODE + PHONE NUMBER	AGE <i>(optional)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

9 Please provide any of the following information to help the company find you in their system and respond to your complaint. *(optional)*

If you answered 'Student loan' to question 3, provide your Social Security number. This is the only way companies are able to locate you in their system.

ACCOUNT NUMBER
<input type="text"/>
CREDIT, DEBIT, OR PREPAID CARD NUMBER
<input type="text"/>
LOAN NUMBER
<input type="text"/>
SOCIAL SECURITY NUMBER <i>(Student loan complaints only)</i>
<input type="text"/>

SUBMIT A COMPLAINT ABOUT A FINANCIAL PRODUCT OR SERVICE

Personal information continued, if applicable

If you answered "You and someone else" or "Someone else" to question 7, answer question 10 or 11.

If you check below to allow a person access to your complaint, the company responding may request additional information from you in order to allow others full access and status updates, such as a release form signed and submitted by the primary consumer.

10 **Who is the additional consumer?**

This person is also named on the account and could be a co-signer or co-borrower.

Answer if you are submitting this complaint for you and someone else, otherwise, proceed to the next applicable question.

Allow this person to access this complaint and receive status updates.

FIRST NAME	LAST NAME	SUFFIX (optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
STREET			
<input type="text"/>			
CITY	STATE	ZIP CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL	AREA CODE + PHONE NUMBER	AGE (optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

11 **Who is the additional point of contact?**

This person could be an attorney, housing counselor, or family member.

Answer if you are submitting on behalf of someone else. We'll use it to contact you about the status of this complaint.

Allow this person to access this complaint and receive status updates.

FIRST NAME	LAST NAME	SUFFIX (optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
STREET			
<input type="text"/>			
CITY	STATE	ZIP CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL	AREA CODE + PHONE NUMBER		
<input type="text"/>	<input type="text"/>		

SUBMIT A COMPLAINT ABOUT A FINANCIAL PRODUCT OR SERVICE

Information about the company

12 What is the company's name? COMPANY NAME

13 What is the company's contact information?
Provide as much information as possible. This information will help identify and route your complaint to the correct company.

STREET

CITY STATE ZIP CODE COUNTRY

EMAIL AREA CODE + PHONE NUMBER

WEBSITE

SUBMIT A COMPLAINT ABOUT A FINANCIAL PRODUCT OR SERVICE

Credit card question, if applicable

If you answered "Credit card" to question 3, answer question 4.

14 What is the billing address for the credit card?

This is the address where you receive your bill.

STREET

CITY

STATE

ZIP CODE

COUNTRY

Debt collection question, if applicable

If you answered "Debt collection" to question 3, answer question 15.

15 Do you know the company where the debt originally came from?

Provide as much information as you know about the company.

COMPANY NAME

STREET

CITY

STATE

ZIP CODE

COUNTRY

EMAIL

AREA CODE + PHONE NUMBER

Mortgage questions, if applicable

If you answered "Mortgage" to question 3, answer question 16.

16 What is the address of the mortgage property you are describing in this complaint?

STREET

CITY

STATE

ZIP CODE

COUNTRY

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Mortgage questions continued, if applicable

If you answered "Mortgage" to question 3, consider answering the following questions to help describe your complaint.

Important: Submitting a complaint will not automatically delay or stop a foreclosure.

17 Are you concerned about losing your home to foreclosure? *(optional)* Yes No

18 Have you missed any mortgage payments or are you in default on your mortgage? *(optional)* Yes No

Check "Yes" if your mortgage company believes you are in default or have missed payments, even if you believe your mortgage company is in error.

19 Is there a date scheduled for the foreclosure sale of your home? *(optional)* Yes
If a foreclosure sale has been scheduled, you might have received a "Notice of Sale" or "Order Setting Sale." No
 I don't know

If yes, what is the date of the scheduled foreclosure sale? *(optional)*

MM / DD / YYYY

Provide the exact date, if you can. This should be on the "Notice of Sale" or the "Order Setting Sale."

20 Did you pay a company to help you avoid foreclosure? *(optional)* Yes No

This is sometimes called "foreclosure rescue," "foreclosure defense," "foreclosure prevention," or "loss mitigation assistance."

If yes, what is the name of the company you paid to help you avoid foreclosure? *(optional)*

COMPANY NAME

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Military affiliation, if applicable

There are certain protections that apply to servicemembers and their spouses and dependents. If you have no affiliation with the military proceed to page 8.

21 What affiliations do you have? (optional)
Check all that apply

A servicemember (answer question 22)
 The spouse/dependent of a servicemember (answer questions 22 and 23)

22 Service details (optional) <i>Answer this question only if you answered "A servicemember" to question 21. Choose one option from each column.</i>	Current status	Branch	Rank
	<input type="checkbox"/> Active	<input type="checkbox"/> United States Air Force	<input type="checkbox"/> E1 - E4
	<input type="checkbox"/> Reserve	<input type="checkbox"/> United States Army	<input type="checkbox"/> E5 - E7
	<input type="checkbox"/> National Guard	<input type="checkbox"/> United States Coast Guard	<input type="checkbox"/> E8 - E9
	<input type="checkbox"/> Retired	<input type="checkbox"/> United States Marine Corps	<input type="checkbox"/> O1 - O3
	<input type="checkbox"/> Veteran	<input type="checkbox"/> National Oceanic & Atmospheric Administration	<input type="checkbox"/> O4 - O6
		<input type="checkbox"/> United States Navy	<input type="checkbox"/> O7 - O10
		<input type="checkbox"/> Public Health Service	<input type="checkbox"/> W01 - CW5

23 Servicemember personal information (optional)
Answer this question only if you answered "The spouse/dependent of a servicemember" to question 21.

FIRST NAME: LAST NAME: SUFFIX (optional):

STREET:

CITY: STATE: ZIP CODE: COUNTRY:

SUBMIT A COMPLAINT ABOUT A FINANCIAL PRODUCT OR SERVICE

Please attach copies of any documents related to your case.

Seeing the full versions of documents like contracts, letters, monthly statements, and transaction receipts is the best way for the company to understand your problem. Do not include original versions.

Privacy Act Statement

The information you provide will permit the Consumer Financial Protection Bureau to respond to your complaint or inquiry about companies and services we supervise. Information about your complaint or inquiry (including your personally identifiable information) may be shared:

- with the entity that is the subject of your complaint;
- with third parties as necessary to get information relevant to resolving a complaint;
- with a court, a part in litigation, a magistrate, an adjudicative body or administrative tribunal in the course of a proceeding or the Department of Justice;
- with other federal or state agencies or regulatory authorities for enforcement and statutory purposes; and
- with contractors, agents, and others authorized by the CFPB to receive this information.

We may also share your complaint or inquiry (but not your personally identifiable information) with the public through a public complaint database. This collection of information is authorized by 12 U.S.C. § 5493.

You are not required to submit a complaint or share any identifying information, including your social security number, and you may withdraw your complaint at any time. However, if you do not include the requested information, the CFPB may not be able to act on your complaint.

Notice of Consumer Information Collection

This is how we accept complaints. You're not required to fill out this form if you don't want to submit a complaint. We estimate that it takes about 7 to 10 minutes to finish completing the form. Our OMB control number for this form is 3170-0011 and expires on 10/31/2022. Comments or suggestions? Email us at PRA@cfpb.gov.

You must certify for us to process your complaint

All complaints require the following certification:

The information given is true to the best of my knowledge and belief.
I understand that the CFPB cannot act as my lawyer, a court of law or a financial advisor.

Credit reporting complaints require the following authorization:

I authorize and direct any consumer reporting agency to furnish a copy of my consumer report to the CFPB for the purpose of responding to and investigating my complaint.

