CONSUMER COMPLAINT FORM

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.

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

How can your complaint be satisfactorily addressed?

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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:

• to a Board-regulated entity that is the subject of a complaint or inquiry;
• to third parties to the extent necessary to obtain information that is relevant to the resolution of a complaint or inquiry;
• for enforcement, statutory, and regulatory purposes;
• to another agency or Federal Reserve Bank;
• to a member of Congress;
• to the Department of Justice, a court, an adjudicative body or administrative tribunal, or a party in litigation;
• to contractors, agents, and others;
• to facilitate a response to a breach of the Board; and
• to assist another federal agency or federal entity in responding to a breach.

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: ___________________________