



**Comptroller of the Currency
Administrator of National Banks**

CUSTOMER COMPLAINT FORM

Please fill in this form completely, including your signature at the end of the form. If a valid OMB Control Number does not appear on this form, you are not required to complete this form. The Office of the Comptroller of the Currency (OCC) will only act on complaints that are signed by the complainant(s), legal guardian, attorney of complainant(s) along with their client's authorization, or holder of power of attorney.

Include copies of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank.

Mail or fax this completed complaint form with any attachments to:

**Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
1-713-336-4301 (Fax)**

In filling out this form, print or type clearly so the information can be easily read and understood.

Customer Information:

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>			
Name:			
	First	Middle	Last
Address:			
	Street	City	State Zip
Daytime Phone:	()	Fax:	()
Email:			

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Bank Information (National Bank or its operating subsidiary you are filing a complaint against)

Name of Bank:				
Address:				
	Street	City	State	Zip
Type of Account:		Account #:		
Have you tried to resolve your complaint with the bank?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when?		How?	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail
			<input type="checkbox"/> In Person	<input type="checkbox"/> Other

If you have an attorney or other representative you want us to deal with directly, please provide your representative's information below. Your signature on this form authorizes your bank and our office to release information to your representative.

Name of Representative:				
Title:				
Address:				
	Street	City	State	Zip
Daytime Phone:	()	Fax:	()	

Please print or type your complaint. Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the bank. Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of 8.5" x 11" paper if you need more space.

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State your desired resolution:

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PRIVACY ACT STATEMENT

The solicitation and collection of this information is authorized by 15 U.S.C. § 57a(f) and 12 U.S.C. 1 et seq. The information is solicited to provide the Office of the Comptroller of the Currency (OCC) with data that is necessary and useful in reviewing requests received from individuals for assistance in their interactions with national banks. The provision of requested information is voluntary. However, without such information, the ability to complete a review or to provide requested assistance may be hindered.

It is intended that the information obtained through this solicitation will be used within the OCC and provided to the national bank that is the subject of the complaint or inquiry. Additional disclosures of such information may be made to: (1) other third parties when required or authorized by statute or when necessary in order to obtain additional information relating to the complaint or inquiry; (2) other governmental, self-regulatory, or professional organizations having: (a) jurisdiction over the subject matter of the complaint or inquiry; (b) jurisdiction over the entity that is the subject of the complaint or inquiry; or (c) whenever such information is relevant to a known or suspected violation of law or licensing standard for which another organization has jurisdiction; (3) the Department of Justice, a court, an adjudicative body, a party in litigation, or a witness when relevant and necessary to a legal or administrative proceeding; (4) a Congressional office when the information is relevant to an inquiry initiated on behalf of its provider; (5) OCC contractors or agents when access to such information is necessary; and (6) other third parties when required or authorized by statute.

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature:		Date:	
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We will mail you a written acknowledgment within five (5) business days of receipt of your completed complaint form. If you have any questions regarding this case, please call 1-800-613-6743.