

Company Response Survey (Paper Form Mock Up)

Name: _____
Complaint #: _____

OMB No. 3170-XXXX
Expiration Date: XX/XX/XXXX
Burden: XXXX

Feedback about the company's response

CFPB will share your ratings and any feedback you provide with the company and use it to inform CFPB's work to supervise companies, enforce federal consumer financial laws, and write better rules and regulations.

Rate the company's response. Fill in or circle a star to rate the company's response. (5 stars is the highest rating)



How much do you agree or disagree with the following statements? Fill in one circle for each statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know N/A
The company addressed all of my issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood the company's response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company did what it said it would do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Share any feedback about the company's response below. Do *not* include sensitive information like your name, contact information, account number, or social security number in this field. Limit your response to 1,000 characters.

Share your comments.

- I want the CFPB to publish this feedback on consumerfinance.gov so that others can learn from my experience. The CFPB will take steps to remove my personal information from this description but someone may still be able to identify me. I consent to publishing this feedback after the CFPB has taken these steps. To learn how it works go to: http://files.consumerfinance.gov/a/assets/201503_cfpb_Narrative-Scrubbing-Standard.pdf
- 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.

Thank you for your feedback.

Consumer feedback like yours helps us supervise companies, enforce federal consumer financial laws, and write better rules and regulations.

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Return your feedback to us:



By mail

Consumer Financial Protection Bureau
P.O. Box 4503,
Iowa City, Iowa 52244



By fax

(855) 237-2392



Online

consumerfinance.gov/complaint



By phone (180+ languages)

M-F 8am to 8pm EST

(855) 411-CFPB (2372)

(855) 729-CFPB (2372) TTY/TTD

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[PAPERWORK REDUCTION ACT AND PRIVACY NOTICES]

CFPB will treat the information received consistent with its confidentiality regulations at 12 C.F.R. Part 1070, *et seq.*

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and 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 study is 3170-XXXX. The control number expires on XX/XX/XXXX. The estimated time to complete this survey is about 5 minutes. If you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please contact the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW., Washington, DC 20552; 202-435-9575; or CFPB_PRA@cfpb.gov.

Privacy Act Statement

5 U.S.C. 552a(e)(3)

The information you provide through your participation in the Company Complaint Handling Survey will provide valuable feedback to the company about how they handled your complaint. Your answers to this survey will be available to the company. If you have provided consent, the CFPB may publish your de-identified responses on the Consumer Complaint Database.

The Consumer Financial Protection Bureau (“CFPB”) will use your responses to inform CFPB’s work.

Information collected by the CFPB will be treated in accordance with the System of Records Notice (“SORN”), CFPB.022 – Market and Consumer Research Records, <https://www.federalregister.gov/articles/2012/11/14/2012-27582/privacy-act-of-1974-as-amended>. This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Participation in this survey is voluntary. You are not required to participate.