

## CUSTOMER COMPLAINT FORM

Transaction ID: AD73D3A2009

Please fill in this form completely. Once we receive your form, you will receive a confirmation e-mail. You will receive a separate e-mail containing your assigned case number within 48 hours. Please keep your case number for future contact with our office. **You will have the option to PRINT the form after submission.**

**Have you tried to resolve your complaint with your financial institution?**

**Yes**  
The OCC recommends that you attempt to resolve your complaint with your financial institution first. Please contact your financial institution to allow them the opportunity to resolve your issue(s). If you have already contacted your financial institution, please select YES to proceed.

### Helpful Hints:

- **Check to make sure that your financial institution is a National Bank. Search Financial Institutions (a new browser window will open)**  
If you don't know the name of your bank, check your bank or credit card statement. The bank's name will be indicated on the statement.
- **If your complaint involves more than one financial institution, you will need to submit a separate complaint form for each institution involved. You will receive separate case numbers for each institution. Do NOT send additional information unless requested.**
- **Complaints should NOT be emailed, faxed, or mailed in addition to the online submission. Only ONE form should be submitted unless your complaint involves more than one financial institution. The online form is subject to user time limitations for security purposes. If your session exceeds the limitations, any information you have entered will be lost. To avoid this, gather all necessary information prior to entering the form.**

### Please Note:

- **We cannot act as a court of law or as a lawyer on your behalf**
- **We cannot give you legal advice**
- **We cannot become involved in complaints that are in litigation or have been litigated**

### YOUR INFORMATION

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The Account Owner/Holder should complete this section.

What is the best way to contact you?

**E-mail**

When is the best time to contact you?

**Morning**

## REPRESENTATIVE CONTACT INFORMATION

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If you want us to communicate with your attorney or other legal representative directly, please provide the information below. **Your submission of this portion of the form authorizes our office to release information to your attorney or other legal representative if requested.**

Relationship:

Attorney \_\_\_ Representative \_\_\_ Not Applicable (Skip Section) X

Please indicate the type of authorization you have granted to your Attorney or Representative :

Power of Attorney \_\_\_ Letters Testamentary \_\_\_ Court Appointed Executor or Administrator \_\_\_ Other \_\_\_

Name of Representative:

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip:

Phone:

E-mail:

What is the best way to contact your representative?

When is the best time to contact your representative?

## FINANCIAL INSTITUTION OR COMPANY INFORMATION THAT IS SUBJECT OF THE COMPLAINT

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Helpful Hint: If you don't know the name of your bank, check your bank or credit card statement. The bank's name will be indicated on the statement.

Name of Financial Institution or Company:

**US Bank**

Street:

**101 S. Filmore**

City:

**Mount Ayr**

State:

Zip:

**IA**

**50854**

Phone:

Type of Account(s): (If you are unsure of the type of account(s), please contact your financial institution for assistance.)

Deposit Account (Checking, Savings) X Credit Card X

Loan Product

(Consumer, Mortgage, Home Equity) \_\_\_ Insurance \_\_\_

Asset Management (Trust Accounts) \_\_\_ Consumer Leasing \_\_\_

Insurance \_\_\_ Non-Deposit Account (Investments) \_\_\_

Other \_\_\_

Have you tried to resolve your complaint with your financial institution or

**YES**

If Yes, when?

How?

04/01/2009

Phone, In Person

Has the financial institution responded to your complaint?

YES

If Yes, when?

04/01/2009

How?

In Person

Contact Name:

Title:

#### COMPLAINT INFORMATION

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Describe events in the order 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). Be as brief and complete as possible to make the explanation clear. **Do not include personal or confidential information such as your social security, credit card, or bank accounts numbers.**

US Bank has made a decision to close a branch office in our community. While I don't agree with their decision, I realize that is their choice to make. What does upset me is the fact they have placed a non-compete clause in the deed for the bank building. We are a very small community with no other bank in town. Our citizens will be forced to drive a minimum of 12 miles to a bank. This will be a hardship on our senior citizens, businesses, and working people. I would think if we are not large enough to support a bank (in their opinion) then it would not be necessary to place the non-compete clause in the agreement. I realize there is probably little you can do, but at least you will know many in our community do not agree with their decision.

Please be advised that the issues described in this complaint will be shared with the financial institution or company in question.

#### PRIVACY ACT STATEMENT

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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 or 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) Other governmental or tribal organizations with which an individual has communicated regarding a complaint or inquiry about an OCC-regulated entity; (6) OCC contractors or agents when access to such information is necessary; and (7) other third parties when required or authorized by statute.

Date: 6/11/2009 4:10:10 PM

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

I Certify  I Do Not Certify

If a valid OMB Control Number does not appear on this form, you are not required to complete this form.