

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
last, first, middle

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**AUXILIARY AVAILABILITY:**

During which hours are you available for auxiliary assignments? Most opportunities are 3-4 hours in duration. If you prefer shorter or longer hours, we can accommodate your schedule. Please fill in available days and hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/ Sunday

Please state your area of work interest (example: clerical, community events, victim assistance, etc.)

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Note: Some community event assignments require attendance at one of our Citizens' Academies to gain a better understanding of our agency before you greet the public. If you are interested in attending the Citizens' Academy, please visit [arapahoesherriff.org](http://arapahoesherriff.org), search "citizen academy" to register.

**Internships**

If you are seeking an internship with the Arapahoe County Sheriff's Office for school credit, please complete this application. There are limited internship opportunities and assignments.

## NOTICE

Before completing your application, please consider the following about the Arapahoe County Sheriff's Office auxiliary personnel selection process. The Sheriff's Office has established personnel standards that are higher than you will encounter with most auxiliary organizations. We believe these high standards are necessary because of the nature of our work and because of the legal obligations of the Sheriff. This is not meant to discourage your application for participation in a very worthwhile program, but to help you understand why we require so much personal information.

Auxiliaries are part-time, non-salaried, and non-sworn volunteers who perform services in a support capacity directly for the Arapahoe County Sheriff's Office. Auxiliaries have no law enforcement authority.

## INSTRUCTIONS

1. Type, print, or write legibly. It is imperative that all information is accurate and up-to-date. Information on names, addresses and references must be correct in order to process your application. All information is subject to verification. Be sure to sign all waivers in order to process your application.
2. Return completed application to:

Arapahoe County Sheriff's Office Human Resources  
13101 E. Broncos Pkwy  
Centennial, CO 80112 or via

Or via **FAX 720-874-4132**

### POLYGRAPH NOTICE

The position for which you have applied requires that you take a polygraph examination. At some point during the selection process, you will be scheduled to take a polygraph. During your polygraph, you will be asked questions from the following subject areas:

- Education
- Driving History / Record
- Alcohol Use
- Illegal Drug Use / Sales / Transportation
- Employment History, Including Terminations And Disciplinary Actions
- Military History
- Gambling Habits / History
- Criminal History
- Serious Undetected Crimes
- Illegal Sexual Activity
- Employer Thefts – Money And Merchandise
- Thefts – Non Employer
- Prejudices You May Have
- Physical / Mental Abuse You Perpetrated
- Abuse Of Law Enforcement Powers
- Falsification Of Records
- Areas In Your Background That You Feel Could Be Used For Blackmail Or Extortion
- Cheated On Examinations For Hire
- Employment Intentions
- Membership in Subversive Groups
- Accuracy of Information Provided to Arapahoe County Sheriff's Office

You will be asked questions similar to the following:

1. Have your driving privileges ever been revoked?
2. Have you used alcohol or illegal drugs in the last 24 hours?
3. Have you been terminated for cause from any of your previous jobs?
4. Have you previously taken a polygraph examination? If so, where and state the results.
5. Have you misrepresented any information on your Sheriff's Office application?
6. What is the average number of alcoholic beverages that you consume in a seven-day period?
7. Do you gamble? What is the largest amount you have ever wagered in a single day?
8. Have you ever placed wagers with a bookie?
9. Have you been involved in any serious undetected crime?
10. Have you used illegal drugs or prescription drugs not prescribed for you by a physician at work or other location?
11. Have you ever sold illegal drugs or prescription drugs?
12. Have you ever stolen money or merchandise from previous employers?
13. Estimate the value of the money or merchandise you have stolen in the past five (5) years.
14. Can you, without prejudice, treat every person politely and fairly regardless of race, creed or color?
15. Is there anything in your background that you feel might be used for blackmail or extortion?
16. In any of your examinations for the Sheriff's office, have you cheated in any way or falsified any information?

**PERSONAL INFORMATION / GENERAL HISTORY:**

We must have your Social Security Number to keep your records straight. Other people may have the same name and/or date of birth. The Arapahoe County Sheriff's Office may also use your Social Security Number to ask for information about you from employers, schools, banks, law enforcement agencies, credit agencies and others who know you. We will only use your Social Security Number when the law allows it.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever used other social security numbers than provided above? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Other Names Previously Used (Maiden Name / Married Names / AKAs /Aliases) – Include years when used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list all residences for the past 5 years. Use another sheet if necessary.

Current Address: \_\_\_\_\_  
Street Address City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Rented: \_\_\_\_ Owned: \_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Rented: \_\_\_\_ Owned: \_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Rented: \_\_\_\_ Owned: \_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Rented: \_\_\_\_ Owned: \_\_\_\_

3. Other than the addresses listed above, what other states and countries have you resided in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVING HISTORY:**

4. For each driver's license you currently hold, please provide the following:

Driver's License Number	Type	State of Issue	Date Issued

5. Please list all other states where you **EVER** have been licensed to operate a motor vehicle.

\_\_\_\_\_

\_\_\_\_\_

6. Have you ever had your driver's license revoked or suspended or have you ever been denied issuance of a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

7. List **all** full-time, part-time, long-term, and short-term employers in the **past 5 years** starting with your current employer and working back in reverse chronological order. Include military service and all periods of unemployment and self-employment, identifying it as such. Use another sheet if needed.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Start Date (Month / Year): \_\_\_\_\_ End Date (Month / Year): \_\_\_\_\_

Highest Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Start Date (Month / Year): \_\_\_\_\_ End Date (Month / Year): \_\_\_\_\_

Highest Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip  
Start Date (Month / Year): \_\_\_\_\_ End Date (Month / Year): \_\_\_\_\_  
Highest Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip  
Start Date (Month / Year): \_\_\_\_\_ End Date (Month / Year): \_\_\_\_\_  
Highest Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

8. Circle highest grade completed: 6 7 8 9 10 11 12 13 14 15 16

9. Date of graduation from high school (or completion of GED): \_\_\_\_\_

10. High School: \_\_\_\_\_

\_\_\_\_\_ Address City, State Zip

11. Please list all colleges / schools you attended after high school. Use another sheet if needed:

- College, University or Trade School: \_\_\_\_\_

\_\_\_\_\_ Street City State Zip

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Degree Earned: \_\_\_\_\_ Date of Degree: \_\_\_\_\_

If no degree was earned, how many credits did you complete? \_\_\_\_\_

- College, University or Trade School: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Degree Earned: \_\_\_\_\_ Date of Degree: \_\_\_\_\_

If no degree was earned, how many credits did you complete? \_\_\_\_\_

12. Do you currently hold any professional licenses or certifications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the following information for each license or certification held:

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_ Status: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_ Status: \_\_\_\_\_

### FINANCIAL HISTORY:

13. Have you **EVER** filed bankruptcy or had property (e.g. auto) repossessed (voluntarily or involuntarily)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

### CRIMINAL / LEGAL HISTORY:

14. Have you **EVER** been arrested or charged with a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

### ALCOHOL / DRUG USE:

15. Have you **EVER** been arrested for DUI, DWAI, or other alcohol-related crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state location and date for each arrest: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Have you **EVER** operated any type of vehicle after having too much to drink?  
 \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Have you **EVER** used, tried, or experimented with marijuana? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate that last time you used marijuana: \_\_\_\_\_.

18. List **ALL illegal** drugs (controlled substances) you have **EVER** used, tried, or experimented with. Please also list the last time you used them. Use an additional sheet, if necessary

Illegal Drug	Last Used (Year)

19. Have you **EVER** taken a prescription drug in a manner other than as prescribed?

\_\_\_\_ Yes \_\_\_\_ No  
 If yes, please list the drug's name and the last time you used it:

Drug Taken Other Than As Prescribed	Last Used (Year)

20. Have you **EVER** used steroids that were not legally prescribed to you? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state the last time you used steroids: \_\_\_\_\_

21. Have you **EVER** purchased illegal or non-prescribed controlled drugs or substances?

\_\_\_\_ Yes \_\_\_\_ No



If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you **EVER** manufactured, transported, sold, traded, distributed or given drugs to others? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Have you **EVER** driven a motor vehicle after using an illegal / non-prescribed controlled drug? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUXILIARY EXPERIENCE:**

Beginning with the most current, list the organizations and affiliations with which you have performed auxiliary work:

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
Start Date (Month / Year): \_\_\_\_\_ End Date (Month / Year): \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
Start Date (Month / Year): \_\_\_\_\_ End Date (Month / Year): \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
Start Date (Month / Year): \_\_\_\_\_ End Date (Month / Year): \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

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24. Are you fluent in any other language than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list them: \_\_\_\_\_

25. Can you conform to agency grooming standards? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

26. Do you have any tattoos? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the tattoo and explain the meaning: \_\_\_\_\_

**Special Skills or Qualifications:**

Please summarize special skills and qualifications you have acquired from employment, previous auxiliary work, or through other activities, including hobbies or sports. Attach your resume for more specifics. (If space is needed, please continue on back side of this page).

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**REFERENCES:**

Please list three references with phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PLEASE IDENTIFY YOUR EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Arapahoe County Sheriff's Office Policies:**

It is the policy of the Arapahoe County Sheriff's Office to provide equal opportunities without regard to race, color religion, national origin, gender, sexual preference, sexual orientation, age, disability or any other status protected by state or federal law. Arapahoe County Sheriff's Office

employees may volunteer to serve in Auxiliary Opportunities as long as their activities do not directly relate to their Arapahoe County Sheriff's Office job, except as specifically provided by County Resolution.

It is the policy of the Sheriff's Office to not discuss the reasons why applicants were not selected. There is no flexibility to this policy. Applicants may be notified of their disqualification at any point in the selection process. If you receive such a notice, it simply means that you do not meet our standards at this time. Receiving this notice does not indicate that you are ineligible to apply with other agencies.

**Auxiliary Notification:**

The purpose of this Notification is to make you aware that the Arapahoe County Sheriff's Office will **not** provide or pay for medical treatment for physical injuries to auxiliaries, which occur within the scope and course of their activities. Further, because auxiliaries do **not** work for the Arapahoe County Sheriff's Office as employees, they are **not** covered under the Arapahoe County Sheriff's Office Workers Compensation insurance. The Arapahoe County Sheriff's Office therefore, cannot provide lost wages or permanent disability benefits for the auxiliary's regular employment.

**Agreement and Signature:**

I fully understand and agree to provide my services to the Arapahoe County Sheriff's Office as an auxiliary in an auxiliary capacity. I fully understand that I will **not** be entitled to Workers' Compensation Benefits in my capacity as an auxiliary with the Arapahoe County Sheriff's Office. I fully understand that the Arapahoe County Sheriff's Office will **not** provide or pay for medical treatment for injuries which occur within the scope and course of my auxiliary activities. I fully understand and agree that vehicle insurance for my personal automobile is my responsibility shall I drive in my capacity as an auxiliary for the Arapahoe County Sheriff's Office.

By Submitting this application for service, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an auxiliary, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Waiver and Authorization for Background Investigation

In consideration of the application of Auxiliary with the Arapahoe County Sheriff's Office, I, \_\_\_\_\_, do hereby release the Arapahoe County Sheriff's Office, its public officials, agents, servants, employees and all persons or organizations supplying information from any and all liability, claims, demands, actions and cause for action which may hereafter have on account of any and all injuries and damages to me arising out of or related to investigation of my application or background or criminal history check, or incidental thereto, and for the same consideration, I promise to release, and covenant not to sue the said persons, and agree to forever hold them harmless from any such liability, claims, demands, actions or cause of action.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Arapahoe County Sheriff's Office Human Resources Section, whether said records are of a public, private or confidential nature.

I hereby certify that all statements in the application have been answered truthfully and to the best of my knowledge, and I understand any false answers or deceit will be basis for DENIAL OF THIS REQUEST.

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Signature

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Date

## FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

### DISCLOSURE

As an applicant for employment or a current employee of the Arapahoe County Sheriff's Office, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exists Arapahoe County, including the Sheriff's Office, may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding either to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Arapahoe County and the Sheriff's Office.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics or mode of living is obtained through personal interviews with your neighbors, friends or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

### AUTHORIZATION

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Arapahoe County Sheriff's Office to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the Arapahoe County Sheriff's Office. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

**A Summary of Your Rights Under the  
Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are the victim of identify theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit). States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center-FCRA

Arapahoe County Sheriff's Office  
 Auxiliary Application  
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	Washington, DC 20580 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Admin. 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051