

Complaint Form



Contact Information

Name:

Mailing Address:

City/Town: Province: Postal Code:

Home Phone: Work Phone: Email:

Credit Union Information

Name of credit union: Branch:

Complaint Information

Your complaint concerns:

| | |
|-------------------------------------|---|
| <input type="checkbox"/> Account | <input type="checkbox"/> Loan or Mortgage |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Quality of Service |
| <input type="checkbox"/> Privacy | <input type="checkbox"/> Other (please specify) _____ |

Your account number (if applicable):

Details about your complaint

Provide a brief description of your complaint. Write down the events leading to it in the order in which they happened. Include specific dates, times, individuals you dealt with and the actions you took. *(attach additional sheets as required)*.
