Complaint Form



CONTACT INFORMATION:					
Full Name:					
Mailing Address:					
City/Town:	Province:				
Postal Code:	Email:				
Home Phone:	Cell:				
Preferred method of contact:					
CREDIT UNION INFORMATION:					
Credit Union Name:					
Branch:					

COMPLAINT INFORMATION:

Your	complaint conc	erns:				
	□ Account	□ Loan or Mortgage	□ Debit Card			
	□ Privacy	□ Quality of Service	□ Other (please specify):			
Your account number (<i>if applicable</i>):						
DET	DETAILS ABOUT YOUR COMPLAINT:					
in the	e order in which	they happened. Include	Write down the events leading specific dates, times, individual ditional sheets as required).			

Please attach copies of your account statements and/or financial agreement (if applicable) and any copies of correspondence or other material that may be of assistance. Please remember – you should not submit originals when you are filing a complaint.

WHAT WOULD YOU LIKE TO SEE DONE? WHAT IS YOUR PROPOSED SOLUTION?

AUTHORIZATION:	
	investigate my complaint and I consent to the my personal information for the purposes of nt.
Date	Complainant Signature
Please return your completed, sign	ned complaint form to the credit union.