

# Complaints Form



COMPLAINTS FORM  
XXXXXXXXXXXX Credit Union Limited

To: The Credit Union Complaints Officer

Name/address of Complainant: \_\_\_\_\_

\_\_\_\_\_

Membership No. of Complainant (if applicable): \_\_\_\_\_

DESCRIPTION OF COMPLAINT:

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(Continue on the back of this sheet, if necessary)

(Please attach copies of any relevant documentation. Please retain a copy of this form and any relevant documentation for your own records.)

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Signature of Complainant

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

\_\_\_\_\_