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Complaint Form

*Please read the attached Complaints Procedure before completing this form.*

**To:** The Credit Union Complaints Sub-Committee

**Name & Address of Complainant:**

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**Membership No. of Complainant:**

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**DESCRIPTION OF COMPLAINT:**

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

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

**Signature of Complainant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**