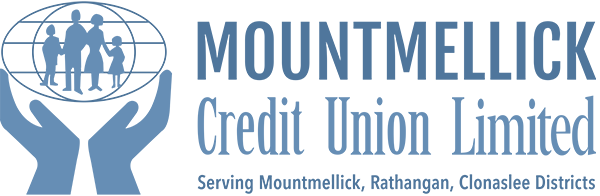
****

Complaint Form

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

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

**Name & Address of Complainant:**

|  |
| --- |
|  |

**Membership No. of Complainant:**

|  |
| --- |
|  |

**DESCRIPTION OF COMPLAINT:**

|  |
| --- |
|  |

*(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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**