Member Complaint Form

Contact Information

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Credit Union Information

Battle River Credit Union Branch: _____

Complaint Information

Your complaint concerns:

□ Account
□ Debit Card
□ Privacy
□ Loan or Mortgage
□ Quality of Service
□ 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)

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

What would you like to see done? What is your proposed solution?

Authorization

I have asked the credit union to investigate my complaint and I consent to the collection, use and disclosure of my personal information for the purpose of investigating the above complaint.

Date

Complainant Signature

Please return your completed, signed complaint form to:

Battle River Credit Union Ltd
Attention: Member Complaint Officer
5007-51 Street
Camrose, AB
T4V 1S6