

Member Complaint Form

Contact Information			
Name:			
Mailing Address:			
Home Phone:	V	Vork Phone:	
Email:			
Credit Union Information			
Vision Credit Union Branch:			
Complaint Information			
Your complaint concerns:	□ Account□ Debit Card□ Privacy	3 3	
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Your account number (if app	olicable):		
Details about your complain	t		
Provide a brief description of your complaint. Write down the events leading to it in the order in which they appened. Include specific dates, times, individuals you dealt with and the actions you took. (attach dditional sheets as required)			
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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:

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