

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