



Member Information

Full Name: Account #:

Address:

Email: Phone:

Complaint Information

Date of Complaint:

Branch Location (if applicable):

Reason for Complaint:

Credit Union Use Only

Date of Complaint Review: Complaint Reviewed By:

First Response Corrective Action (if applicable):

Suspected Cause:

Corrective Action:

Corrective Follow-Up (if applicable):

Name of Employee Completing Form

Signature