Print Form

Complaint Form

Contact Information

Name:

Mailing Address:

City/Town: Province: Postal Code:

Home Phone: Work Phone: Email:

Credit Union Information

Name of 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 of 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 purposes of investigating the above complaint.

Date

Complainant Signature

Please return your completed, signed complaint form to :

Compliance Department
New Community Credit Union
321 - 20th Street West
Saskatoon, SK S7M 0X1