



# Ballina Credit Union Ltd

## **COMPLAINTS FORM**

Please read the attached Complaints Procedure before completing this form.

**To:** The Credit Union Complaints Officer

Name/address of Complainant: \_\_\_\_\_

\_\_\_\_\_

Membership No. of Complainant: \_\_\_\_\_

### **DESCRIPTION OF COMPLAINT:**

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(Please attach copies of any relevant documentation. Please retain a copy of this form and any relevant documentation for your own records.)

\_\_\_\_\_  
**Signature of Complainant**

**Date:** \_\_\_\_\_