



Complaint Form

OFFICE USE - Describe 2 pieces of signed ID provided for authentication (one must include a photo):

Date of Complaint: _____

Name of Complainant: _____

Complainant's Contact Information:

Address: _____

Phone Number: _____

E-mail address: _____

Details of the Complaint:

[Please provide sufficient detail – dates, times, names of people you talked to and the outcome of any discussions]

Signature of Complainant

Date

Name of Complainant (please print)



Your complaint should be sent to:

Privacy Officer
Unity Credit Union
120 – 2nd Ave. East, PO Box 370
Unity SK S0K 4L0

Phone #: 306-228-2688

Fax #: 306-228-2185

info@unitycu.ca