Complaint Form



Contact Information

Name:			
Mailing Address:			
City/Town:	Province:	Postal	Code:
Home Phone:	Work Phone:	Email:	
Complaint Informatio	n		
Date of Complaint:			
_ D	ccount		
Your account number (if applicable)	:		
Details about your co Provide a brief description of yo	mplaint ur complaint. Write down the event	s leading to it in the order in wh	ich they happened.
	lividuals you dealt with and the actio	_	

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 when you are filing a complaint.

What would you like to see done? What is your proposed solution?			
Authorization			
have asked the credit union to investigate my complaint and I c personal information for the purposes of investigating the above			
Date	Complainant Signature		

Please return your completed, signed complaint form to Unity Credit Union:

Privacy Officer Unity Credit Union 120 - 2nd Avenue East PO Box 370 Unity, SK SOK 4L0 Phone Number: 306-228-2688 Fax Number: 306-228-2185 Email: info@unitycu.ca