

Cara Credit Union Ltd.

Complaints Form

DATE: _____

MEMBER INFORMATION

NAME: _____

MEMBER NO. _____

ADDRESS: _____

DETAILS OF COMPLAINT

SIGNATURE OF COMPLAINANT: _____

FOR OFFICE USE ONLY

REFERENCE NO.
DATE RECEIVED:
OFFICER:

(PLEASE ATTACH COPIES OF ANY RELEVANT DOCUMENTATION. PLEASE RETAIN A COPY OF THIS FORM AND ANY RELEVANT DOCUMENTATION FOR YOUR OWN RECORDS.)