COMPLAINTS FORM

Kilmallock Credit Union Limited

Please complete the details below. Your complaint will be reviewed by the Complaints Officer who may request a meeting/discussion with you in order to get a clearer understanding of the issue. If the matter cannot be resolved satisfactorily by the Complaints Officer, it will be referred to our Complaints Committee.You will be contacted initially within 5 days of receiving any formal complaint.

To: The Credit Union Complaints Officer

Name& address of Complainant: _____

_____

Membership No. of Complainant: _____

DESCRIPTION OF COMPLAINT:

----------(Continue on the back of this sheet if necessary)

(Please attach copies of any relevant documentation. Please retain a copy of this form and any relevant documentation for your own records.)
Please email this form and any attachments to info@kimallockcu.ie. If submitting this form by post please address to: The Complaints Officer, Kilmallock Credit Union, Lord Edward St, Kilmallock Co Limerick V35 YP20

_____
Signature of Complainant

Date: _____