**People First Credit Union Complaint Form**

Name:

Member Number:

Mobile Number:

E-mail Address:

Date of making the complaint:

Description of the complaint:

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Background of the complaint:

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Complaint Category: (Select all relevant to your complaint)

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| --- | --- |
| Poor Service | Yes/No |
| Advertising | Yes/No |
| Delayed Response/Untimely Response | Yes/No |
| Miscommunication | Yes/No |
| Transaction Dispute | Yes/No |
| Current Account/Debit card | Yes/No |
| Product/Service | Yes/No |
| Other | Yes/No |

Do you want the Complaint to go through the complaint process? Yes/No

How would you like the complaint addressed?

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|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_