

Appendix 3 – Complaints Form



COMPLAINTS FORM
Carlow District Credit Union Limited

Please read the attached Complaints Procedure before completing this form.

To: The Credit Union Complaints Officer

Name/address of Complainant: _____

Membership No. of Complainant (if applicable): _____

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.)

Signature of Complainant

Date: _____