



COMPLAINTS FORM

Westport Credit Union

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: _____