

Larkhill & District Credit Union Limited

COMPLAINTS FORM

To: The Credit Union Complaints Officer

Name of Complainant: _____

Address of Complainant: _____

Account 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.)

Signature of Complainant: _____

Date: _____

Received by: _____
Complaints Officer LDCU

Date: _____