

Member Concern Form

Please complete this form and return it to your nearest branch who will forward it to Sudbury Credit Union's Complaint Officer. You may also email the form to MemberConcern@sudburycu.com or mail it to the Complaint Officer at 1 Gribble Street, Box 662, Copper Cliff, ON, P0M 1N0.

MEMBER INFORMATION

NAME

MEMBER NUMBER

ADDRESS

CITY

POSTAL CODE

PHONE

EMAIL

CONTACTING YOU

How do you wish to be contacted? (please choose one)

EMAIL

TELEPHONE

LETTER

DATE OF CONCERN

BRANCH OR DEPARTMENT NAME

PLEASE PROVIDE THE NAME(S) OF STAFF MEMBER(S) WITH WHOM YOU DISCUSSED THE MATTER

YOUR CONCERN

Please provide us with details regarding your concern (more space is provided on the next page or please attach separate pages if additional space is required).

YOUR CONCERN continued

WHAT DO YOU BELIEVE WE CAN DO TO PROVIDE A SOLUTION TO THE ISSUE OR CONCERN?

NOTIFICATION AND CONSENT

Your personal information is necessary to review and/or investigate your complaint. Sudbury Credit Union may need to disclose your information to third parties as part of its review or investigation if it is found that your complaint involves contravention of the Credit Union Caisse Populaire Act. By signing below, you consent to Sudbury Credit Union disclosing the information contained on this form, and any other additional information relevant to the complaint. If you have any questions about Sudbury Credit Union's collection and disclosure of your personal information please contact the Privacy Officer of the Credit Union.

SIGNATURE

DATE
