

CONTACT INFORMATION

NAME (Please Print)	MEMBER <input type="radio"/> YES ACCOUNT NUMBER: <input type="radio"/> NO
ADDRESS	EMAIL
HOME PHONE	CELL PHONE

COMPLAINT INFORMATION

YOUR COMPLAINT CONCERNS: <input type="radio"/> ACCOUNT <input type="radio"/> LOAN OR MORTGAGE <input type="radio"/> DEBIT CARD <input type="radio"/> QUALITY OF SERVICE <input type="radio"/> PRIVACY <input type="radio"/> OTHER(Please Specify):	
DETAILS ABOUT YOUR COMPLAINT Provide a brief description of your complaint. Write down the events leading to it in the order in which they happened. Include specific dates, times, individuals you dealt with and the actions you took. (attach additional sheets as required):	
PLEASE PROVIDE THE NAME (S) OF THE PERSON(S) YOU ATTEMPTED TO RESOLVE THE MATTER WITH:	
WHAT WOULD YOU LIKE TO SEE DONE? WHAT IS YOUR PROPOSED SOLUTION?	

NOTIFICATION AND CONSENT

Your personal information is necessary to review and/or investigate your complaint. Sharons Credit Union may need to disclose your information to third parties as part of its review or investigation if this is found that your complaint involves a contravention of the Credit Unions and Caisse Populaire Act. By signing below you consent to Sharons Credit Union disclosing the information contained on this form, and any other additional information relevant to the complaint.

SIGNATURE

*By signing below, you are authorizing Sharons Credit Union to contact you as noted above for complaint related discussions.

SIGNATURE X	DATE
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PLEASE RETURN YOUR COMPLETED, SIGNED COMPLAINT FORM TO:

MAIL	SHARONS CREDIT UNION ATTENTION: COMPLAINT FORM – PRIVATE & CONFIDENTIAL 1055 KINGSWAY VANCOUVER, BC V5V 3C7
EMAIL	feedback@sharons.ca
CALL	604-873-6490