

Complaints Form



Carrick-on-Suir
Credit Union

COMPLAINTS FORM
Carrick-on-Suir Credit Union Limited

To: The Credit Union Complaints Officer

Name/address of Complainant: _____

Membership No. of Complainant (if applicable): _____

DESCRIPTION OF COMPLAINT:

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(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: _____
