Problem Resolution Form



Contact Information

| Name: | | |
|---------------------------|--------------------|----------------------------------------------------------------------------------------------|
| Mailing Address: | | |
| City/Town: | Province: | Postal Code: |
| Home Phone: | Work Phone: | Email: |
| | | |
| TCU Branch Informatio | n | |
| Branch: | | |
| Account Number (if applie | cable): | |
| Details about your comp | plaint or concern: | |
| | | rents leading to it in the order in which they hand the actions you took. (attach additional |
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| when you are filing a complaint. | |
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| What would you like to see done? What is your pro | pposed solution? |
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| Authorization | |
| I have asked the credit union to investigate my complain personal information for the purposes of investigating to | nt and I consent to the collection, use and disclosure of method above complaint. |
| Date | Complainant Signature |
| Please return your completed, sign | ed complaint form to the credit union. |

Please attach copies of your account statements and/or financial agreement (if applicable) and any copies of correspondence or other material that may be of assistance. Please remember - you should not submit originals

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