



Complaint Form

Contact Information

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

Complaint Information

Your complaint concerns:

- Account
- Debit Card
- Quality of Service
- Investment Services
- Other (please specify) _____
- Loan or Mortgage
- Credit Card
- Privacy

Your account number (if applicable) _____

Complaint Details

Provide a brief description of your complaint. Include events leading to it in the order in which they occurred. Include specific dates, times, individuals you dealt with and the actions you took. (*Attach additional sheets as required.*)

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 when you are filing a complaint.

What would you like to see done? What is your proposed solution?

Authorization

I have asked Founders Federal Credit Union to investigate my complaint and I consent to the collection, use and disclosure of my personal information for the purposes of investigating the above complaint.

Complainant Signature

Date

Please return your completed and signed complaint form to the credit union.