



CUSTOMER COMPLAINT REPORTING FORM

This form is to be used when a member is making a verbal, or wishes to progress with a written complaint in respect of any dealings with the West Cheshire Credit Union. All complaints will be dealt with in strictest confidence and comply with both West Cheshire Credit Union policies and Financial Conduct Authority regulations.

Member's details:

Membership Number:
Address:

Name:

Post Code:
Daytime contact number:
Email:

Evening contact number:

Details of complaint: (include times, dates and full details)

Member to complete:

Signed:

Date:

Office/ collection use only

Membership Centre complaint received:
Date complaint received at office:

Collector:
Received by:

Investigated by:

Customer response sent:

Supervisory Copied :

Further action required: