



Tower
credit union limited

Complaint Form

Please read the attached Complaints Procedure before completing this form.

To: The Credit Union Complaints Sub-Committee

Name/address of Complainant: _____

Contact Telephone Number: _____

Membership No. of Complainant: _____

NATURE OF COMPLAINT:

----- (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: _____