

Section 1 – Your details

Name:			
Address:			
Contact Numbers:	Home Phone:		
	Work Phone:		
	E-mail:		
Account #:			
<i>If your complaint is on behalf of a business, please provide the following information:</i>			
Name of Business:		Account #:	
Credit Union:			
Your relationship to the Business:			

Section 2 – Details of the Complaint

Question	Answer
1. Which branch of _____ was involved in your complaint?	
2. When did you first become aware of the problem? (dd/mm/yy)	
3. Who was your first contact to discuss the problem?	
4. Who else have you dealt with in trying to resolve the problem?	
5. Has there been any court proceedings related to your complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you contacted any regulator or other complaints body about the complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Getting You There™

Complaint Form

7. If you answered “yes” to question 5 or 6, please provide details here:

8. Please describe your complaint in full in the space provided below. If you need additional space please attach a separate sheet. Remember to include as much detail as possible, including dates and the names of those involved. Also be sure to include the steps you have taken to resolve the complaint so far.

9. In your opinion, what should the Credit Union do to satisfy you with respect to your complaint?**10. Please sign the Acknowledgement Section to confirm the following:**

- a) I hereby consent for _____ to release any personal information that it has on file to the Ombudsperson for use in the investigation of my complaint, and I consent to the Ombudsperson using such information for the purpose of his investigation.
- b) I understand that the Ombudsperson may, depending on the nature of the complaint, have to contact other third parties involved in the complaint, and I authorize those third parties to release any relevant information for the purpose of investigating the complaint.
- c) I acknowledge that the Ombudsperson is an impartial third party to the complaint and cannot be held liable for damages resulting from the complaint.

Signature_____
Date_____
Signature_____
Date_____
Signature_____
Date_____
Signature_____
Date**Please return this completed form to:**

Office of the Ombudsperson
6074 Lady Hammond Road
Halifax, NS B3K 2R7
Fax: (902) 453-4456
Email: ombudspersonservice@aclsm.ca