



To: Office of the Ombudsperson
 6074 Lady Hammond Road
 PO Box 9200
 Halifax, NS B3K 5N3
 Fax: (902) 455-2437
 E-mail: cuombudsperson@eastlink.ca

Complaint Form

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 _____ Credit Union 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?

Empty space for providing an opinion on how the Credit Union should satisfy the complaint.

10. Please sign the Acknowledgement Section to confirm the following:

- a) I hereby consent for _____ Credit Union 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:

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