

**COMPLAINTS FORM**  
**Lucan District Credit Union Limited**

Please read the attached Complaints Process before completing this form.

**To:** Complaints Committee.

Name/address of Complainant: \_\_\_\_\_  
\_\_\_\_\_

Membership No. of Complainant: \_\_\_\_\_

**DESCRIPTION OF COMPLAINT:**

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(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: \_\_\_\_\_