

OPPA CREDIT UNION LIMITED

Member Concern Form

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Please complete this form and return to OPPA Credit Union Complaint Officer

Member Name

Account #

Full mailing address, including postal code

Telephone #

E-mail address:

Cause for concern

How would you like to be contacted?

Service

E-mail

Product

Phone

Other

Letter

Date of Concern

Staff Member you brought your concern to?

Please describe your concern in detail:

What are we able to do to provide a solution to the issue or concern?

Signature

Date