



**Capital
Credit Union**

Member's Name _____ **Account No.** _____

Address _____

Details of Complaint

Member's Signature _____ **Date** _____

Send to:

Complaints sub-committee

C/O Head of Operations

Capital Credit Union

Main Street

Dundrum

Dublin 14

For Office use only:

Reference Number: _____

Date received: _____

Officer's Signature: _____