



## CAPITAL CREDIT UNION COMPLAINT FORM

Member's Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
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### Details of Complaint

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Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send to:

Complaints Officer  
Capital Credit Union  
Main Street  
Dundrum  
Dublin 14

For Office use only:

Reference Number: \_\_\_\_\_

Date received: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_