

Member Concerns Form

Please complete this form and return it to your branch who will forward it to PenFinancial Credit Union's Director, Member Concerns.

MEMBER INFORMATION

NAME	MEMBER NUMBER
ADDRESS	
CITY/TOWN	POSTAL CODE
PHONE	EMAIL

CONTACTING YOU

How do you wish to be contacted? (please choose one)

EMAIL LETTER TELEPHONE

DATE OF CONCERN	BRANCH NAME
STAFF MEMBER WHO THIS CONCERN WAS ORIGINALLY BROUGHT TO	

YOUR CONCERN

Please provide us with details regarding your concern (please attach separate pages if more space is required).

WHAT DO YOU BELIEVE WE CAN DO TO PROVIDE A SOLUTION TO THE ISSUE OR CONCERN?