

Member Complaint Form

Member Number

Member name

Member Address

Daytime contact number

Email address

Have you previously brought this matter to Intech Credit Union's attention? Yes No

If yes, when _____

Name of person who dealt with it _____

Please outline your complaint (if you require more space, please attach additional sheets of paper)

What would you like Intech to do?

Member Signature

Date

Thank you for bringing the problem to our attention

Office Use Only

Date received _____ Solvit Number _____

Department _____ Staff Member _____

Date Due _____ Date resolved _____

Confidentiality – We will treat all your personal data with strict confidentiality in accordance with our Privacy Policy.
For a copy of the policy please contact our Privacy Officer at privacy@intechcu.com.au
Intech Credit Union Limited ABN 70 087 650 191 AFSL 236779