
Introduction

This form is for completion by individuals who have a concern/complaint regarding an interaction with LDCU/LCUI or LDCU Financial Management. In addition, this form can be completed by those who have already been in contact with LDCU staff and have not had their complaint resolved satisfactorily. At LDCU we welcome your feedback, and we look forward to working with you on a resolution!

Your Information

<input type="text"/>	<input type="text"/>
Last Name	First Name
<input type="text"/>	<input type="text"/>
Mailing Address	City & Postal Code
<input type="text"/>	<input type="text"/>
Phone Number	Secondary Phone Number
<input type="text"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Writing
Email Address	Preferred Method of Contact

Complaint Details

Are you making the complaint for yourself, or are you making the complaint for someone else (on their behalf)?

- For myself For someone else

If the complaint is being made for someone else, please provide the following information:

<input type="text"/>	<input type="text"/>
Last Name	First Name
<input type="text"/>	
Your relationship to this person (e.g. parent, brother, cousin, friend, etc.)	

Is this person aware that you are making a complaint on their behalf?

- Yes No

Are you, or the person you are making this complaint for, currently a member at LDCU?

- Yes No

Have you spoken to someone at LDCU about your complaint?

- Yes No

If YES, please indicate who you have spoken to

Please briefly describe your complaint:

How would you like your complaint to be resolved? Please outline the outcome you would like to see:

Date and Time of Complaint

Report Date and Time

Please return this form by email to:
LDCU Complaints Officer, complaintsofficer@ldcu.ca