



**This page is for Solent Credit Union use only**

Complaint reference (from Complaints Register) ..... Receiving Office/Branch.....

Date complaint received..... Time complaint received .....

Person receiving complaint ..... Rank/Position in CU: .....

Method of Complaint: Telephone  Verbal in person  Letter  Email  Fax

Complaint Form at Office or branch  Complaint Form via post  Complaint Form via email or fax

List of supporting documents received (please state type, number of pages, date, etc)

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Action taken at time of receipt

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(If complaint is settled amicably no further action is required)

Date complaint referred to Complaints Officer ..... (If complaint is not settled)

Signature of Complaints Officer acknowledging receipt .....

Comments and action taken by Complaints Officer

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Contact with Complainant, and type of contact made

1. .... Date .....

2. .... Date.....

3. .... Date .....

4. .... Date.....

Matter resolved? Yes NO

Resolution:

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(If matter is not resolved)

Date referred to Financial Ombudsman Service (FOS) .....

FOS Decision: .....

Additional comments: .....

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