

COMPLAINT AND ERROR RESOLUTION REQUEST

Fax: 616-249-3666 email: staff@atlcu.com

If you need additional room, please use reverse side of form.



Name: _____

Account #: _____

Date of Incident: _____

Email: _____

Is your complaint or error related to:

Phone #: _____

- Savings/Checking Loans Credit/Debit Card Other

If "Other", please specify: _____

What is the nature of the problem:

Who did you report this problem to?

How could the credit union have prevented this problem?:

Please suggest a solution to this problem.:

Please sign

Received by _____ on _____ at _____ for review on _____
Action Taken _____
