



Complaint Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Email: _____

Member Number (if applicable): _____

Area of Complaint:

- | | |
|--|---|
| <input type="checkbox"/> Account | <input type="checkbox"/> Quality of Service |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Debit/Credit Card | <input type="checkbox"/> Other (Please explain) _____ |

Complaint Details:

Please provide a detailed description of your complaint. We ask that you include any relevant events before, during, or after the complaint event in chronological order. Please be as specific as possible and include dates, times, and individuals involved as well as any actions you took. (Attach additional pages if necessary)

How would you like to see your complaint resolved? What is your ideal solution?

Be sure to attach copies of any information you deem relevant to your complaint such as bank statements, financial agreements, emails, or other material that would be of assistance in reviewing your complaint.

Authorization

I have asked Vital Federal Credit Union to investigate my complaint and I consent to the collection, use and disclosure of my personal information for the purposes of investigating the above complaint.

Complainant Signature

Date

Mail completed form and supporting documentation to:

Vital Federal Credit Union
Executive Department
1450 John B. White Sr Blvd
Spartanburg, SC 29306