

Stockport Credit Union Feedback / Complaints Form



Feedback		Complaint
Positive	Negative	

Reporting Persons Details/Location (Please Print)

Has a continuation sheet been used? Y / N

_____ / _____

Name:		
Address:		
Email:		
Contact details:	Mobile:	Home:
Membership Number:		Date:

Service	Nature of Feedback / Complaint:								
	Information		Procedures						
	Timescales		Behaviour						
	Service		Charges						
	Arrears Related		Other						
	Please score as you feel appropriate:								
	Poor Service		Good Service						
1	2	3	4	5	6	7	8	9	10
Comments:									
Is there a particular member of staff or volunteer you wish to comment about:									

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Data Protection:	Nature of Feedback / Complaint:																		
	Used and handled accordingly					Safe and Secure													
	Accurate					Other													
	Low Confidence Levels					High Confidence levels													
	1		2		3		4		5		6		7		8		9		10
Comments:																			
Products:	Nature of Feedback / Complaint:																		
	Loan Rates					Website													
	Literature					Variety of Products													
	Dividends					Other													
	Poor Selection					Good Selection													
1		2		3		4		5		6		7		8		9		10	
Comments:																			
Rules and Governance:	Nature of Feedback / Complaint:																		
	AGM Protocols					Appointments or Memberships													
	Our Ethics and Values					Other													
	Poor Quality					Good Quality													
	1		2		3		4		5		6		7		8		9		10
Comments:																			
Signature:								Date:											
For Credit Union user only																			
<i>Date Received:</i>					<i>Reference Number</i>														
<i>Complaints Log Reference</i>					<i>Complaints Log Completed</i>														
<i>Name:</i>					<i>Date</i>														
<i>Resolved within 24 hours:</i>					<i>Passed to complaints Officer</i>														