

KANSAS DEPARTMENT OF CREDIT UNIONS

EXTERNAL COMPLAINT REPORT

Always Complete the Entire Report

Name of Credit Union _____

Address _____
Street City Zip Code

Your Name _____
First Last MI

Your Address _____
Street City Zip Code

DESCRIPTION OF COMPLAINT

Date(s) event(s) occurred: _____

Name of Credit Union Employee Involved (if any): _____
First Last MI

Describe what occurred: _____

The contents of this form and subsequent investigation by the Kansas Department of Credit Unions may be subject to disclosure to the credit union in an administrative proceeding and subject to public disclosure at the conclusion of the matter.

YOUR SIGNATURE _____ DATE _____

Send completed EXTERNAL COMPLAINT REPORT to: Kansas Department of Credit Unions
109 S.W. 9th, Suite 610
Topeka, KS 66612