



State of Washington

**DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CREDIT UNIONS**

P.O. Box 41200 • Olympia, Washington • 98504-1200  
Telephone (360) 902-8701 • TDD (360) 664-8126 • (800) 372-8303 • FAX (877) 330-6870  
<http://www.dfi.wa.gov>

## Consumer Complaint

We have found complaints can normally be resolved if the consumer contacts the credit union directly. If you have not already done so, please contact an officer of the credit union and attempt to resolve the problem. If direct contact with the credit union is unsuccessful or you are not satisfied with the results, please fill out this form and send it, along with copies of the credit union's response and any other appropriate documentation, to the Division of Credit Unions. Your complaint will be promptly acknowledged, and you will be notified of the final disposition.

## Your Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Member of Armed Forces?

Are you a member or former member of the US Armed Forces, Guard, Reserves or a dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

## Credit Union Information

Name of Credit Union: \_\_\_\_\_

Location: \_\_\_\_\_ Branch: \_\_\_\_\_

Who You Contacted: \_\_\_\_\_

**Complaint / Problem:**

Briefly describe the problem or complaint in the space provided below.

## Public Records Disclosure Act

The Washington Public Records Act (PRA), RCW 42.56, may require disclosure of a complaint after a file is closed. If you choose, you may keep your identifying information exempt from disclosure under the PRA by checking this box. Please note that this exemption does not necessarily restrict the release of your identifying information pursuant to a court order, subpoena, or during litigation.

### Declaration

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

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**Date**

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**Signature**