

The Cooperative Bank Complaint Form

Branch Location: _____
Customer Name: _____ Account/Loan Number: _____
Address: _____ Type of Account: _____
City/State/Zip: _____ Daytime Phone: _____
Email Address: _____ Evening Phone: _____

Nature of complaint (reference and attach any supporting documentation such as a written complaint, account history, etc.):

Resolution or recommendation resolution, if any:

Method and date resolution was communicated to customer:

Forward the original form to the VP of Retail Banking along with supporting documentation. The business area handling the complaint should maintain a copy for their records.

Resolved by: _____ Date: _____
Received By: _____ Date: _____