

**CANADA SAFEWAY LIMITED EMPLOYEES SAVINGS
AND CREDIT UNION LIMITED**

COMPLAINT PROCESS

Date: _____ Member Account: _____

Member Name: _____ Contact Number: _____

COMPLAINT DETAILS:

Employee Signature

Member Signature

ACTION TAKEN:

Date Contacted Member: _____ Management: _____

FOLLOW-UP REQUIRED YES NO

Date: _____ Management: _____

General Manager / Board of Directors

Date: _____ General Manager / Board of Directors: _____