



Texas Credit Union Department Complaint Form

Please provide as much information as possible on the form below, including copies (not originals) of any relevant documents. **A copy of your complaint and attachments will be sent to the credit union.**

Mail, fax or email this completed complaint form with any attachments to:

Texas Credit Union Department
914 East Anderson Lane
Austin, Texas 78752-1699
Fax: (512) 832-0278
Email: [complaints@cud.texas.gov](mailto:complaints@ cud.texas.gov)

Your Information:

Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:		
First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip:
Home Phone:		Work Phone:
Email:		

Credit Union Information:

Name of Credit Union:		
Street Address:		
City:	State:	Zip:
Phone:		
Name in which account(s) are listed:		
Are or were you a signer on the account(s): Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please explain in your narrative.)		
Type of Transaction or Service:		
Date of Transaction:		
Did you sign a contract: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please attach a copy.)		
Have you complained to the credit union: Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, when:
Name of person complained to, if any:		
Your attorney's name and address, if applicable:		
If the Texas Credit Union Department is not the appropriate agency, you grant us permission to forward your complaint to the appropriate agency. Yes <input type="checkbox"/> No <input type="checkbox"/>		

Describe the exact nature of your complaint below. Attach additional pages if necessary.

Please indicate what you feel the credit union should do to address your concerns.

This department does not have the authority to resolve contractual disputes or undocumented factual disputes between a member and a credit union. We also do not have the authority to resolve disagreements pertaining to credit union policies and procedures that are a matter of management discretion, or any disputes that are in litigation or about which a court has made a ruling. Please see brochure for more information about the complaint process.

The information given above is true to the best of my knowledge and belief. I authorize the Credit Union Department to send this complaint and attachments to the credit union.

Signature

Date