



## MEMBER COMPLAINT FORM

Mail or Email this completed complaint form to:

Kauai Government Employees FCU  
 Attention: Supervisory Committee  
 P.O. Box 3964, Lihue, HI 96766  
 Email: [auditors@kgefcu.org](mailto:auditors@kgefcu.org)  
 Telephone: (808) 855-2949

### YOUR PERSONAL INFORMATION

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Other:	
First Name:	Middle:	Last Name:	
Street Address:			
Mailing Address:			
City:		State:	Zip:
Phone: Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/>			
When is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			

### SUBJECT OF THE COMPLAINT

Describe in detail the nature of your Complaint: (If more space is needed, please use the back side of this form or additional sheets of paper.)
Name of person with whom have you tried to resolve your complaint?
Was your complaint resolved? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe what actions were taken to resolve your complaint?
What actions by KGEFCU would resolve this matter to your satisfaction?

I certify that the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_