TruStar
Federal Credit Union

Member Complaint Form

Member Name _____ Account Number _____

Address _____

Phone _____

Explanation of complaint and resolution expected by member:

Member Signature: Date:

_____ _____

Please mail or deliver complaint to:

TruStar Federal Credit Union
Attn: Compliance Officer
2313 TruStar Ave NW
Bemidji, MN 56601