

Thank you for contacting the BC Financial Services Authority (BCFSA). Your complaint is important to us as it might be the first indicator of a potential market conduct issue. We carefully consider each complaint and may take action if we identify a breach of the *Credit Union Incorporation Act*, *Financial Institutions Act*, or other legislation. We may also refer complaints to other regulatory bodies when appropriate. BCFSA will assess whether complaints result in an investigation or public sanction.

BCFSA ensures that credit unions and trust companies have appropriate authorizations in place to conduct business in BC. We enforce compliance with legislative requirements that govern, for example, annual general meeting notices, voting practices, false or misleading advertising, and unfair contracts. BCFSA more generally ensures that credit unions and trust companies do not engage in acts and conduct that might reasonably harm the interests of depositors.

While BCFSA does not generally intervene in individual disputes, service quality issues, and business decisions made by institutions, complaints from consumers on these and other issues may be indicative of market conduct issues BCFSA will pursue. BCFSA will accept complaints in any format, however completing this form ensures adequate information is provided initially and allows for more efficient processing of complaints.

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Please contact us at 604 398-5029 / CUandTrusts@bcfsa.ca with any questions about our role and your complaint.

INSTRUCTIONS

- This form will expand as you complete the sections, however if you do run out of space, please attach additional sheets.
- Upon completion, please email this form and all attachments to:

Email: <u>CUandTrusts@bcfsa.ca</u> BC Financial Services Authority 600-750 West Pender Street Vancouver, B.C. V6C 2T8

Ph: 604-398-5029 / Fax: 604-660-3365

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information is collected for the purpose of processing, investigating, and responding to your complaint. Complaints are treated as confidential and maintained as such, subject to enforcement proceedings and the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600-750 West Pender Street, Vancouver, B.C. V6C 2T8.

PART 1 – YOUR	INFORMATION					
Last Name			First Nar	ne		
Mailing Address			City & Po	ostal Code		
Phone Number			Seconda	ry Phone Numb	er	
Email Address						
Please advise how	you prefer we contact you	☐ Pho	ne	□ Email		
Are you the:	☐ Policyholder/depositor	□ Em	oloyee of t	he institution	□ Public	□ Lawyer
	$\hfill\Box$ Other regulator or government agency		☐ Other			

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600-750 West Pender Street Vancouver, B.C. V6C 2T8 T 866 206 3030 F 866 660 3365



/ You're Protected bcfsa.ca

	E COMPLAINT			
Credit Union or Trust Company				
Name of Employee				
Mailing Address		City & Postal Code		
Phone Number		Email Address		
PART 3 – WHAT IS THE CO	MPLAINT ABOUT?			
Please briefly describe what wro				
Please provide details of the co	mplaint including dates as available. I	nclude key meetings, communications (phone,		
	involved, key decisions, document ex	schanges, activity location, and other information that will		
DATE	EVENT			

PART 5 – SUPPORTING DOCUMENTS

It is important that you provide evidence to support your allegations. We ask that you attach copies of the documents to support the complaint. This can include the membership agreements, any relevant documents issued by the institution, and any correspondence between you and the institution. You should retain the original documents for your own records. However, we may need your original documents for an enforcement proceeding (we will notify you if that becomes necessary).

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Please provide information about other individuals/parties who can provide information in relation to your completion. Contact Information Contact In					
Name:	(phone/email)	Name:	Contact Information (phone/email)		
PART 7 - OTHER ACTIONS	S YOU HAVE TAKEN				
Have you made a complaint wi	th the credit union, trust compa	any, other regulatory agencies, or inc	lustry groups? ☐ Yes ☐ No		
If yes, please provide details (e	.g. response from institution, a	gency/group, status of complaint, ke	y dates, etc.).		
Please provide supporting do	ocuments.				
If not, please provide the reaso	n.				
ii not, please provide the reaso	11.				
Are you involved in local action	related to issues raised in your	r complaint2 □ Voc. □ No.			
Are you involved in legal action Details (e.g. type of legal action		•			
		•			
		•			
		•			

Please provide supporting documents as relevant. We encourage you to consult your legal counsel beforehand.

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