

## KANISA REGULATED NON-WDT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

All Africa Conference Churches compound, Opp. Safaricom House, Waiyaki Way. P.O. Box 1225, 00606, Westlands, Nairobi, Kenya Tel: 4450135 / 0714-612049/0774606056/0780612049

Email: kanisa@aacc-ceta.org or info@kanisa-sacco.org Website: www.kanisa-sacco.org

## KANISA REGULATED NWDT SACCO COMPLAIN FORM

Member Information:
<ul> <li>Name</li> <li>Membership Number</li> <li>Contact Number</li> <li>Email Address</li> <li>Address</li> </ul>
Complaint Details:
Complaint Date:
Nature of Complaint
<ul> <li>□ Financial Transaction</li> <li>□ Customer Service</li> <li>□ Account Management</li> <li>□ Loan Application</li> <li>□ Other Specify)</li> </ul>
<b>Description of Complaint:</b>
Resolution Requested:
<ul> <li>□ Refund</li> <li>□ Account Adjustment</li> <li>□ Clarification</li> </ul>

☐ Other (Specify):
Copies of supporting documents (if any)- Attach:
1.
2.
Member Acknowledgement:
I, the undersigned, acknowledge that the information provided in this complaint form is accurate to the best of my knowledge. I understand that the SACCO will investigate the matter and provide a resolution in due course.
Member's Signature: Date:
FOR OFFICIAL USE ONLY
Date Received.
Staff Handling Complaint
Corrective action taken
Resolution Details:
Date Received by SACCO:
<ul> <li>Date Received by SACCO:</li> <li>Assigned Investigator:</li> </ul>
Investigation Report Date:
Resolution Date:
* Resolution Date.
Instructions:

- 1. Please complete all sections of this form.
- 2. Attach any relevant supporting documentation.
- 3. Submit the form to the SACCO office or scan and send to <a href="mailto:feedback@kanisa-sacco.org">feedback@kanisa-sacco.org</a>