

Tell Us About It!

A guide for how you can give
feedback about our service



**BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED**

Our Mission

Our mission is to render excellence in service to our members while providing the means for enhancing their financial, economic and social well-being, in consonance with co-operative principles.

Our Commitment to You

We are committed to:

- treating our customers with respect, courtesy and sensitivity
- meeting our Service Quality standards
- responding quickly and effectively to complaints and compliments
- being fair and responsible when resolving complaints
- seeking a satisfactory outcome for all.

We value your feedback

We work hard to ensure that you always receive an excellent level of service when doing business with us. We want to hear from you when we do things that delight you and when things may go wrong.

When things go right

We encourage you to tell us when we do things right. Complete our **Employee Compliments Form** (attached) and give us your positive feedback when any of our employees has served you exceptionally well.

When things go wrong

We know that things may go wrong from time to time. We want you to feel free to contact us with your concerns or complaints.

Please call us at (246) 430-5200 or 430-5296 with your concerns, or you may complete the **Member Complaint Form** overleaf and return it to any of our offices.

What we will do

We will respond to you within five (5) business days of receipt of your concern even if a conclusive solution has not yet been reached.

How to Contact Us

Office hours:

Belmont Road and Broad Street

Monday to Thursday 8:00 am to 3:30 pm

Friday 8:00 am to 4:30 pm

Saturday 9:00 am to 12:00 noon

Six Roads

Monday to Thursday 10:00 am to 5:30 pm

Friday 10:00 am to 6:00 pm

Saturday 9:00 am to 1:00 pm

E-mail: contact@bpwccul.bb

Mail: Service Quality Department

Barbados Public Workers' Co-operative Credit Union Ltd.

"Olive Trotman House", Keith Bourne Complex

Belmont Road, St. Michael, BB14000

Barbados

Fax: (246) 436-0773

Phone: (246) 430-5200 or 430-5296

USA & Canada Toll-free: 1-866-800-6146

UK Freephone: 0808-234-1327

MEMBER COMPLAINT FORM

MR. MRS. MS. LAST NAME: | | | | | | | | | | | | | | | | | | | | | |

FIRST NAME: | | | | | | | | | | | | | | | | | | | | | | MIDDLE NAME: | | | | | | | | | | | | | | | | | | | | |

ACCOUNT No. OR NATIONAL REGISTRATION No.: | | | | | | | | | | | | | | | | | | | | | |

EMAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | |

TELEPHONE NOs: HOME | | | | | | | | | | | | | | | | | | | | | | WORK: | | | | | | | | | | | | | | | | | | | | |

MOBILE: | | | | | | | | | | | | | | | | | | | | | |

COMPLAINT: Please summarize your complaint below or attach your letter to the completed form

Large text area for summarizing the complaint, consisting of multiple horizontal lines.

SIGNATURE: DATE (dd/mm/yyyy):.....

OFFICIAL USE ONLY - Where this form has been completed by an employee on behalf of a member

EMPLOYEE'S NAME: DATE (dd/mm/yyyy):.....

Please forward the completed form to the Service Quality Department to be logged.

Thank you for your feedback!

Kindly place your completed form in the box provided or leave it at the Reception Desk.

