|  |
| --- |
| **REGIONAL SUMMARY**  **Exam Appeals &Complaints** |

|  |  |
| --- | --- |
| **CHARTER NUMBER** |  |
| **CREDIT UNION NAME** |  |
| **DATE RECEIVED** |  |
| **REVIEWER NAME, TITLE** |  |
| **SUPERVISOR NAME** (assigned to cu) |  |
| **EXAMINER NAME** (assigned to cu) |  |
| **CAMEL CODE / EFFECTIVE DATE OF CAMEL** |  |
| **# DAYS FROM DATE RECEIVED TO FINAL RESPONSE** (*completed by regional office*) |  |

**TYPE OF APPEAL (**check all that apply)

|  |  |  |
| --- | --- | --- |
|  |  | CAMEL Rating (composite or component) |

|  |  |  |
| --- | --- | --- |
|  |  | Adequacy of the Loan Loss Reserve Provision |

|  |  |  |
| --- | --- | --- |
|  |  | Loan Classification |

|  |  |  |
| --- | --- | --- |
|  |  | DOR |

|  |  |  |
| --- | --- | --- |
|  |  | Examiner |

|  |  |  |
| --- | --- | --- |
|  |  | Other |

**Brief Description of the Specific Concern(s)**

**Reason and Support provided in the Appeal/Complaint**

**Investigation Steps**

**Investigation Findings**

**Any New Agreements with Management Concerning the Original Complaint**

**Other Pertinent Information**

**REVIEWER RECOMMENDATIONS AND COMMENTS:**

Reviewer Recommendation:

**APPROVAL/DENIAL RECOMMENDATIONS**

**Analyst Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPROVE** |  | **DISAPPROVE** |  |

Supervision Analyst \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **APPROVE** |  | **DISAPPROVE** |  |

Director of Supervision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **APPROVE** |  | **DISAPPROVE** |  |

Associate Regional Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **APPROVE** |  | **DISAPPROVE** |  |