

Member Grievance Record

Member Name: _____

Member Number: _____

Contact Phone #: _____ Secondary Phone #: _____

Date of incident: _____ Time: _____

Employees involved: _____

Main Office South Branch North Branch Department: _____

Brief description of complaint:

Please mail to:

Supervisory Committee
Houston Texas Fire Fighters Federal Credit Union
P.O. Box 70009
Houston, TX 77270-0009

CREDIT UNION USE ONLY

Supervisory Committee action to be taken:

Signature: _____ Position/Title: _____ Date: _____

