



Houston Texas Fire Fighters Federal Credit Union

P. O. Box 70009 • Houston, TX 77270
www.htffcu.org

MEMBER GRIEVANCE RECORD

Member Name _____

Member Account Number _____

Phone Day (_____) _____ Evening (_____) _____

Date of Incident _____ Time _____

Employee(s) Involved _____

Main Office South Branch North Branch Department _____

Brief Description of Complaint

Send to:

Supervisory Committee
Houston Texas Fire Fighters Federal Credit Union
P.O Box 70009
Houston, TX 77270-77009

Credit Union Use Only

SUPERVISORY COMMITTEE ACTION TO BE TAKEN

Signature _____

Position / Title _____

Date _____ / _____ / _____