



MEMBER GRIEVANCE RECORD

Member Name _____

Member Number _____

Day Phone _____ Evening _____

Date of Incident _____ Time _____

Employee(s) Involved _____

Main Office South Branch North Branch Department _____

Brief Description of Complaint:

Please mail to:

Supervisory Committee
Houston Texas Fire Fighters
Federal Credit Union
4200 Kolb St
Houston, TX 77007

Credit Union Use Only

SUPERVISORY COMMITTEE ACTION TO BE TAKEN

Signature (Sup. Committee)

Position / Title

Date