

**CREDIT UNION DEPARTMENT STATE OF  
TEXAS  
COMPLAINT FORM**

**A copy of the complaint and all attachments will be given to the credit union named in the complaint.**

Complainant (individual filing the complaint) information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ (optional)  
EMAIL Address: \_\_\_\_\_

Credit Union information – There will be no complaint without a credit union name

Credit Union Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Have you discussed the issue with the credit union? \_\_\_\_ Yes \_\_\_\_ No  
With whom did you talk with? \_\_\_\_\_

Do you have an attorney, If so who: \_\_\_\_\_

If the Credit Union Department is not the appropriate agency to handle your complaint, do you grant us permission to forward your complaint to the appropriate agency? \_\_\_\_ Yes \_\_\_\_ No

Please describe in detail the event(s) which led up to the filing of this complaint:

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