DRIPPING SPRINGS
Texas

GENERAL COMPLAINT FORM

Date:_____

Complainant Name:_____

Address:_____ **City, State, Zip**_____

Phone Number:_____ **Email:**_____

Date of Incident:_____

Complaint Description:_____

_____

_____

_____

_____

****************************For Office Use Only****************************

Date Investigated:_____ **Investigator:**_____

What was found:_____

_____

_____

Actions taken:_____

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_____

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