



Received on/by: _____

Date, initials

DRIPPING SPRINGS
Texas

DS FARMERS MARKET COMPLAINT / INCIDENT REPORT

Your Name: _____ **Today's Date:** _____

Parties Involved:

1. Name: _____

Phone #: _____ Email: _____

2. Name: _____

Phone #: _____ Email: _____

3. Name: _____

Phone #: _____ Email: _____

Market Representative: _____

Complaint/Incident Description: _____

Date and Time of incident: _____

Were injuries involved? Describe.

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Injured parties:

Name: _____ Address: _____

Phone #: _____ Email: _____

Nature of Injury/ies: _____

Medical Attention Requested: _____ Provided: Yes _____ No _____

Facility Providing Care: _____

Property Damage: _____

Signature of Complainant:  _____

Witness/es to Incident:

Name: _____ Address: _____

Phone #: _____ Email: _____

Witness Account: _____

(continue on additional sheet, if needed)

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

Below for Office Use Only:

Action(s) Taken:
