



CITY OF OVILLA **Employee Complaint Form**

It is essential that the public have confidence in the ability and integrity of the City of Ovilla to investigate and properly adjudicate complaints against all employees and/or its members. The City is committed to maintaining a professional organization; therefore, we encourage citizens or members of the public, who feel any member of the city has acted inappropriately or violated any City of Ovilla policy, ordinance, state or federal law, to submit a complaint, so the incident can be investigated.

All complaints are taken seriously and will be investigated thoroughly and impartially. Persons wishing to make a formal complaint against a city employee must complete and submit this completed form.

Complainant Information

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

E-Mail: _____

Employee Information

Name: _____ or

Description: _____

Basic Information

Please complete the information below concerning your complaint.

Date(s) of incident(s): _____

Address(es) of incident(s): _____

Witness Information

List witnesses or anyone that can provide information about the complaint being filed.

1. Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

E-Mail: _____

2. Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

E-Mail: _____

3. Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

E-Mail: _____

Description of Incident

Please describe in detail the incident for which this complaint is based. Please be as descriptive as possible in describing the situation and the reason why you feel the employee(s) actions were improper. Be advised, a submitted complaint is a government document.

I, the undersigned, wish to make a formal complaint to the City of Ovilla regarding the following:

Description of Incident Continuation

Description of Incident Continuation

Signature: _____ Date: _____

Date: _____

Acknowledgment

Before me, _____, a Notary Public, in and for the State of Texas, on this date personally appeared _____, who after being duly sworn states the information contained in this complaint is true and correct.

Subscribed and sworn to before me on this the _____ day of _____, 20 ____.

Notary Public, State of Texas

Please return this Employee Complaint Form to:

City of Ovilla
Attn: City Manager
105 Cockrell Hill Road
Ovilla, Texas 75154