



# Gillespie County

## EMPLOYEE COMPLAINT FORM

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Employee Name:

Title:

Department:

Preferred Method of Contact: ☐ Phone

☐ Email

Please describe the nature of your complaint.

**\*\*\* Please attach supporting documentation. \*\*\***

By signing below, I confirm that the information provided in this complaint is accurate and truthful to the best of my knowledge.

Employee Signature:

Date Signed:

**Notes:**

\*\*\* Please submit the completed form to the Gillespie County Human Resources Office,  
Room B-102, secure drop box or via email to [hr@gillespiecounty.org](mailto:hr@gillespiecounty.org). \*\*\*

OFFICE USE ONLY	
Date Received:	Received by:
Initial Assessment:	
Action Taken:	
Follow Up Date:	