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PROCEDURES TO FILE COMPLAINTS AGAINST CITY EMPLOYEES

Should any citizen desire to file a complaint against a City of Poteet Employee must complete a complaint form in writing. The complaint should state that the employee has violated any City, State, or Federal Law or acted improperly, such complaint must be submitted in writing form. The complaint, together with any substantial evidence, must then be presented to the City Administrator's office. The City Administrator or his or her designee will conduct a full investigation and act in accordance with the Personnel Manual, Ordinance of the City of Poteet, and take whatever action is appropriate and permitted under the City, State, or Federal Laws.

The City Administrator or his or her designee MAY submit a written report to the City Council and inform the person filling the complaint of the results of the investigations and any action taken.

Any statement of complaint against an employee must contain the following information:

1. Name, address and phone number of the complainant.
2. Time and date of incident.
3. Location of incident.
4. Name of employee
5. Precise and legible narrative of the incident.
6. Attached should be any evidence, photos, documents, etc...
7. Name, address and phone number of any witness.
8. The complaint should be sworn to and notarized. (Notary is available at City Hall).
9. A copy of the complaint should be retained by the complainant for his or her records.

If the complainant fails to provide any of the above information; the complaint will be unsubstantiated, and no investigation will be conducted.

The complainant should also contact any and all witnesses and make arrangements for them to give the investigator(s) a signed and notarized written statement.



Formal Complaint Form

Date of Complaint: _____

Time of Complaint: _____ a.m. p.m.

Date of Incident: _____

Time of Incident: _____ a.m. p.m.

Name of Complainant Age D.O.B. Race Sex

Home Address City State Zip Code Phone #

Business Address City State Zip Code Phone #

Drivers License Number State Social Security Number

Location of Incident: _____

Name of Employee: _____

Name of Witness Age D.O.B. Race Sex

Home Address City State Zip Code Phone #

Name of Witness Age D.O.B. Race Sex

Home Address City State Zip Code Phone #

Name of Witness Age D.O.B. Race Sex

Home Address City State Zip Code Phone #

Formal Complaint Form Affidavit

On this _____ day of _____, A.D., 20____ at _____ a.m. /p.m., state that my name is, _____, my date of birth is _____, I live at _____ in the city of _____ and in the State of _____.

I do state that the following facts occurred: _____

The above statement was given of my own free will without any threats or, promises and that its content is true and correct to the best of my knowledge.

(Complainant’s Signature)

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

Notary Public’s Signature
Notary Public in and for _____
County, Texas
My Commission Expires: _____

PLACE
NOTARY STAMP

To File a complaint of discrimination, write USDA, Assistant Secretary of Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, D.C. 20250-9410, or call (866) 632-9992 (English), or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay)

