



City of Eagle Pass

Employee Complaint Form

The Human Resources Department encourages you to file a complaint or concern if you experience a problem that affects you or your co-workers.

In cases of possible harassment or discrimination, procedures will be followed pursuant to the City's Personnel Rules and Regulations Sec. 2-35 Non-discrimination/non-harassment policy.

Your Name: _____ Date: _____

Employee No.: _____ Phone No.: _____

Date and time of Incident: _____ Location of Incident: _____

Person(s) Involved: _____

Please describe Incident: _____

(If more space is needed, please continue on back of form or attach separate sheet.)

Witnesses or others who have experienced similar problem: _____

Desired Outcome: _____

By signing below, I attest that the information provided above is true and correct to the best of my knowledge.

Employee Signature

Witness Signature (if applicable)

Please return this form to Human Resources Department. H.R. will contact you as soon as possible.
City Hall - 100 S. Monroe Phone 830-773-1111 Fax 830-773-3581 humanresources@eaglepasstx.us