TARRANT COUNTY EMERGENCY SERVICES DISTRICT NO. 1
4900 River Oaks Boulevard, River Oaks, Texas 76114

EMPLOYEE COMPLAINT FORM

Employee Name:	ID Number:
Email Address:	Cell Phone No.:
Station:	Name of Direct Report:
Date of complaint:	
Detail the nature of your complaint, including name(s) of all individuals involved, witnesses to the incident, and any other pertinent information:	
Provide details about how the incident has affected your ability to safely, effectively, and efficiently do your job:	
What actions could TCESD1 take to effectively deal with your complaint?	

_____ _____

Employee Signature Date