



**CITY OF
CASTLE HILLS**

209 LEMONWOOD DRIVE • CASTLE HILLS, TEXAS 78213-2410 • (210) 342-2341 • FAX (210) 342-4525

NOTICE TO COMPLAINANT: Statements will be read aloud to anyone who cannot read for themselves.

This complaint is considered serious by the City of Castle Hills. In order to maintain the confidence of the citizens of the City of Castle Hills and the State of Texas, we will fairly and impartially investigate this complaint. The employee that you complained about is presumed innocent unless the charges are substantiated in the investigation process. The mere filing of this complaint does not substantiate the allegations.

If these allegations determine that the employee acted improperly, disciplinary action will be taken. Because this is a serious allegation, with serious consequences for the employee, all formal complaints need to be signed, sworn to and notarized.

I attest that the statement made is true and correct. I understand that if this document is found to be false or untrue, I may be subject to criminal charges.

Printed Name
(Person Making Complaint)

Signature
(Person Making Complaint)

Date

Sworn and subscribed before me, the _____ day of _____, _____.

Notary Public in and for, State of Texas

My Commission Expires: _____/_____/_____

Printed Name of Notary: _____

Notary Seal or Stamp

Signature of Notary: _____