



GRIMES COUNTY
OSSF COMPLAINT INVESTIGATION REPORT

Complainant: _____

Address: _____

Phone # and Email: _____

Mailing Address: _____

Person Suspected of Violation: _____

Physical Address of Property: _____

Nature of Complaint: _____

*** The information attached is true and correct to the best of my knowledge. I understand if the case proceeds to a formal hearing, I may be required to testify in court. I may be asked to explain the information I have provided and cross examined by the defendant's attorney. This could include questions regarding my testimony and motives.**

Complainant Signature: _____ **Date:** _____

Email completed form to marshall.love@grimescountytexas.gov or fax 936-873-2670

Investigator's Report:

Date: _____ Time: _____

Incident/Investigation #

Designated Representative