



GRIMES COUNTY
OSSF COMPLAINT INVESTIGATION REPORT

Date: _____

Complainant or Anonymous: _____

Address: _____

Telephone Number: _____

Mailing Address: _____

Person Suspected of Violation: _____

Physical Address of and Directions to Property: _____

Nature of Complaint: _____

Investigator's Report:

Date: _____ Time: _____

Findings/Violations: _____

Incident/Investigation #

Designated Representative

*Please email completed form to angela.schroeder@co.grimes.tx.us or fax 936-873-2670