
C. Complainant Information:

I wish to remain anonymous. I understand and agree that I will not receive any communications or updates from the District office concerning this complaint due to my anonymity and Open Records Requests. My name and information may be included on the complaint form, but will be redacted if an Open Records Request is received concerning this matter. Complaints may be reviewed as an agenda item by the Board of Directors during an open meeting upon investigation conclusion.

Your Name _____

Phone Number _____

Address, City, State _____
and Zip Code _____

E-Mail _____

D. Signature:

I understand and agree that my typed in name will be considered my official signature

Signature of Complainant _____

SUBMISSION OF COMPLAINT FORM

Once completed, you may submit the form to the District office in the following ways:

Email: gm@haysgroundwater.com

Fax: 512-858-2384

U.S. Mail: HTGCD P.O. Box 1648, Dripping Springs, TX. 78620

Deliver: 14101 Hwy. 290 W., Bldg. 100, Suite 212, Austin, TX. 78737

FOR DISTRICT USE ONLY

Complaint Received by: _____

Date of Complaint Submission: _____

Date Investigation Completed: _____

Date Investigation Report Sent: _____

