



RUBEN P. GONZALEZ
COUNTY TAX ASSESSOR-COLLECTOR
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COMPLAINT FORM

TODAY'S DATE		Date & Time Incident Occurred	
Name of Branch Office or Full Service Contracted Office where Incident Occurred			
Address		City	Zip
FULL NAME, ADDRESS, & TELEPHONE OF PERSON INITIATING THE COMPLAINT			
Name of Complainant		Address of Complainant	Telephone of Complainant
FULL NAME AND TITLE OF EMPLOYEE(S) INVOLVED IN INCIDENT			
Name of Employee(s)		Employee's Title	
FULL NAME OF WITNESS(ES) OTHER THAN THOSE LISTED ABOVE			
Name of Witness(es)		Address of Witness(es)	
GIVE A BRIEF DESCRIPTION OF THE INCIDENT (INCLUDE DATE AND TIME OF DAY).			
Print Name of Report Taker		Title	Date
Signature of Report Taker			
FOR COUNTY TAX ASSESSOR COLLECTOR'S USE ONLY			
DESCRIBE THE DISPOSITION OF THE MATTER AND THE DATE OF DISPOSITION			