City of New Castle 220 Delaware Street New Castle, Delaware

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19720

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Complaint No.

Complaint No.			
Complaint	Form for Gene	eral Items of Concern to New Castle	<u>Citizens*</u>
Date:	Time:		
Nature of Co	mplaint:		
Prior complai	int? Yes or No _	Date of Prior Complaint:	
Complainant:	I		
	(w) _		
			_
Complainant			_
Date:			
=========			
Office Use Only:			
		ResolvedDate	
Closed due to: _	Unfounded	Duplicate	
Referred to:	Police	Public Works	
	Health	Housing	
	Building/Fire	Other	

Return completed forms to City Administrator at the above office address, or send via fax or e-mail.

^{*}For Code Violation Complaints, please use the form designed specifically for this purpose.