Complaint No.________

Complaint Form for General Items of Concern to New Castle Citizens*

Date: ___________   Time: ___________

Nature of Complaint: ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Prior complaint? Yes or No   ________  Date of Prior Complaint:__________

Complainant: ____________________________

Address: ____________________________

Phone #: (h) ___________  (w) ___________

Comments: ________________________________________________________________
________________________________________________________________________________

Complainant Signature: ____________________________

Date: ____________________________

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Office Use Only:

Status:  ______Pending  ______Resolved  ______Date

Closed due to:  ______Unfounded  ______Duplicate

Referred to:  ______Police  ______Public Works

_________Health  ______Housing

_______Building/Fire  ______Other

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

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