

**Code Enforcement Office
City of New Castle
900 Wilmington Road
New Castle, DE 19720**



Complaint No. _____

**Phone (302) 221-6507
(302) 322-9813
Fax: (302) 323-2144**

E-mail: johnlloyd@newcastlecity.org

COMPLAINT FORM
City Code Violations

Date: _____ **Time:** _____

Alleged Violator: _____

Address: _____

Phone #: _____

Nature of Complaint: _____

Prior complaint? Yes ___ **No** ___ **Date of Prior Complaint:** _____

Complainant: _____

Address: _____

Phone #: (h) _____ **(w)** _____

Comments: _____

Complainant Signature: _____ **Date:** _____

=====
Office Use Only:

Present Status: ___ **Pending** ___ **Resolved** ___ **Date** ___
Closed due to: ___ **Unfounded** ___ **No violation** ___ **Duplicate** ___

Referred to: ___ **Police** ___ **Public Works** ___ **MSC** ___
___ **Health** ___ **Housing** ___ **Other** ___
___ **Building/Fire** ___ **SPCA** ___