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.