

Code Enforcement Office
City of New Castle
220 Delaware Street
New Castle, DE 19720



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COMPLAINT FORM
CITY CODE VIOLATIONS

Date: _____ Time: _____

Alleged Violator: _____

Address: _____

Phone #: _____

Nature of Complaint: _____

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

Complainant: _____ Have you contacted alleged
Address: _____ Violator? Yes ___ No ___
Phone #: (h) _____ (w) _____ If yes, explain below
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