

# D A L W O R T H I N G T O N G A R D E N S

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## Citizen Complaint Form

Location of Complaint: \_\_\_\_\_

Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Referred To: \_\_\_\_\_

Department: \_\_\_\_\_  
\_\_\_\_\_

Disposition Date: \_\_\_\_\_ By: \_\_\_\_\_

Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint Called After Disposition: Yes \_\_\_\_\_ No \_\_\_\_\_  
Initials