

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