

D A L W O R T H I N G T O N
G A R D E N S
DEPARTMENT OF PUBLIC SAFETY

Citizen Complaint Form

Location of Complaint: _____

Complaint: _____

Complainant: _____
Address: _____ Phone: (____) _____
Alt Phone: (____) _____
Received By: _____ Date: _____
Referred To: _____ Date: _____
Department: _____

Disposition Date: _____ By: _____
Report: _____

Complaint Called After Disposition: Yes _____ No _____
Initials _____