



CITY OF NEWPORT

COMPLAINT FORM

Name: _____ Phone: _____

Address (Physical and mailing): _____

City of Newport Resident? ☐ Yes ☐ No

If you are a renter, who is the legal owner of your home? _____

STATEMENT OF COMPLAINT:

A: Please describe your complaint in detail giving dates, names, witnesses, etc. Please attach additional information if necessary.

B: What action would you like the City to take to resolve your complaint?

Signature of Complainant

Date

(For City Use Only)

Complaint Received By: _____

Date: _____

Forwarded To: _____

Date: _____

City Response to Complaint:

Suggested Action:

Signature of Employee

Date