



**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**