



The Town of
Millville
a beautiful way of life

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COMPLAINT FORM

Name of Person Filling Out Form: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Signature Required: _____ Date: _____

Complaint Information:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

PLEASE DESCRIBE THE INCIDENT IN DETAIL:

TOWN OFFICIAL USE ONLY

Code & Building Department

Receiver of Complaint: _____ **Date:** _____

Action Taken: _____

Date Finalized: _____ **Signature of Employee:** _____