



City of Wilmington
Property Maintenance Complaint Form

Date: _____

File Number: WIPM-1____-_____

NAME OF COMPLAINANT (will be kept confidential): _____

Address: _____

Phone Number: _____

COMPLAINT INFORMATION:

Complete Address for Location of Complaint: _____

Description of Complaint: _____

Signature of Complainant

❖❖❖❖❖❖ For Office Use Only ❖❖❖❖❖❖

Assigned To: _____

Action Date: _____

Action Taken: _____

Reply to Complainant: _____

Respondent's Signature: _____ Date: _____