

CITY OF DOVER  
PO Box 115  
699 Lakeshore Ave  
208-265-8339  
208-265-9035 f  
[dovercity@nctv.com](mailto:dovercity@nctv.com)

DATE: \_\_\_\_\_

RESIDENT  VISITOR

COMMENTS  COMPLAINT  PROBLEM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Problem/Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person taking Report: \_\_\_\_\_  
(if other than above)

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**To be completed by City Personnel**

INVESTIGATION NEEDED NO  YES  DATE: \_\_\_\_\_

Person Investigating: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notification to person(s) making complaint: Mail  E-mail

By: \_\_\_\_\_ Date: \_\_\_\_\_