

# VERSAILLES POLICE DEPARTMENT

## Nuisance Complaint Form

1. Complainant's Name: \_\_\_\_\_
2. Complainant's Address: \_\_\_\_\_
3. Complainant's Phone Number: \_\_\_\_\_
4. Please indicate the specific nature of this complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Location of alleged nuisance: \_\_\_\_\_
6. Name of party having control of the property identified in Item #5:  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you contacted the party listed in Item #6 regarding the alleged nuisance?  
(Please circle your response.) Yes or No

\_\_\_\_\_  
Signature of Complainant and Date

**NOTE: Once completed, this form will become a part of the public record and will be forwarded to the party identified in Item #6.**

**Please send completed forms to: Chief Humphreys, Versailles Police Department, 6 South Center Street, Versailles, OH 45380.**