



COMMUNITY SERVICES

PO BOX 176
VIRGINIA CITY, NEVADA 89440
Phone 775-847-1114
Fax 775-847-0949

NUISANCE COMPLAINT FORM

Complaint Issued By: _____
Mailing Address: _____
Physical Address: _____
Home Phone: _____ Mobile Phone: _____ E-Mail: _____

Complaint Issued Against: _____
Mailing Address (If Known): _____
Physical Address: _____
Physical Location if Street Address is not known: _____
Description / Statement of Complaint or Alleged Violation: _____

NRS 207.280 False reporting of crimes unlawful: Every person who deliberately reports to any police officer, sheriff, district attorney, or member of the Dept of Public Safety that a felony or misdemeanor has been committed, which causes a law enforcement agency to conduct a criminal or internal investigation, knowing such report to be false, is guilty of a misdemeanor. I further understand that if a complaint is issued as a result of this report, I may be requested to testify in court.

Signature of Person Filing Complaint: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Received _____ Inspection Date _____
Received By _____ Photos Taken Yes ___ No ___
Date Closed _____ Resolution _____