



# Nuisance Complaint

**Anonymous complaints cannot be investigated by this department.**

All complaints are public record

**PLEASE PRINT**

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

Your Name: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Your Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Address of Property in Question: \_\_\_\_\_  
(Address must be provided)

Owner of Property in Question: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(if known)

Brief description of complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

470 Center Street, Bldg. 8 Chardon, Ohio 44024 440-279-1914

FOR DEPARTMENT USE BELOW THIS LINE

Complaint Number \_\_\_\_\_ Entered by: \_\_\_\_\_