

Drug Enforcement Citizen Tip Form

What illegal drug or alcohol behavior do you wish to report?

Where did this take place?

Who was involved? (Suspect names, contact information and descriptions, along with what they did or were suspected of doing will be helpful)

What makes you believe what is occurring is illegal?

How do you know about it?

What additional information can you tell us that might be useful?

Optional Information:

You may submit this information anonymously, but would be most helpful if you could provide your name and number so we can contact you should more information be needed. Any information provided will be kept confidential:

Name:

Phone number:

Please mail, fax or email this form to:

Drug Enforcement Division
Nicholasville Police Department
510 North Main Street
Nicholasville, KY 40356
859-885-9467
859-885-1765 fax
brian_slone@nicholasville.org