LIQUOR COMPLAINT FORM

INSTRUCTIONS: Please complete this form and return to the above address if you have reason to believe that a Liquor Licensee regulated by the Department of Business Regulation has violated the law or failed to meet his/her responsibilities and obligation to the public. Please print or type. This form will NOT be accepted unless signed by complainant.

COMPLAINANT’S Name:

Residence:

Daytime Telephone number: Evening Telephone Number:

Name and address of LIQUOR ESTABLISHMENT the complaint is being made:

Name of LICENSEE the complaint is being made:

Date and Time and Place of alleged Violation:

Other Federal, State Municipal, Local Agencies, or Legal Counsel you have contacted, including results of contacts:

On the reverse side of this form, or on an attached piece of paper, explain as fully as possible the exact nature of your complaint against the licensee or regulated activity. Be sure to include specific information such as names, dates, addresses, and telephone numbers of offending licensee. Also, attach any documentation which you feel will help support your allegations.

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

X. _______________________________ Date: _______

Signed