COMPLAINT FORM

Date of Complaint: ___________________

Premise Name: ________________________________________________________________

Address/Location: __________________________________________________________________

Complainant Name (optional): ________________________ Phone Number (optional): ____________

Describe the Problem (check all that apply):

- Excessive Noise
- If noise is the problem, what kind of noise is it?
  - People yelling or talking
  - Ordinary music noise too loud
  - Trash dumping or machinery
  - Low frequency (such as drums, bass, vibration)

How far away are you from the noise source?______________________________________________

- Minor in Possession of Liquor
- Employee Drinking Alcoholic Beverages
- Selling/Serving Liquor without a Liquor License
- Conduct of Liquor Commission Employees
- Other (Describe): ______________________________________________________________________

When/How Often is the Problem Occurring (or Occurred):

Date(s): _____________________________________ Time(s): ____________________________________

Witnesses:

Name: ______________________________________ Phone Number: ______________________________

Name: ______________________________________ Phone Number: ______________________________

Sometimes we need additional information to help us locate or resolve the issue you reported. For this reason, we ask
that you provide a witness name and a phone number that we may contact them. We respect you and your witnesses’
privacy and will keep your contact information confidential.

For Liquor Commission Use Only

Liquor License #: ___________________ Unlicensed: ________________ Complaint #: _____________________

Filed By: Telephone Email/Online In Person Other ________________________________

Referred for Action:

Complaint Intake By: ____________________________ Administrator Review: __________________________

Assign to: ____________________________ Date Assigned: __________________________

Follow Up Result:

No Violation Written Warning Notice of Violation Referred to: __________________________

Investigator: _______________ LCI-III: ________________ Supv. Inv.: _______________ Chief Inv.: _______________