

COMPLAINT NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

### KENTUCKY DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL *Complaint Form*

Today's date \_\_\_\_\_

Your name \_\_\_\_\_

Address (street / box No.) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Description of complaint (be as specific as possible).**

Use additional sheets of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above statements are true and correct to the best of my knowledge

**Your signature** \_\_\_\_\_ **date** \_\_\_\_\_

**TO BE FILLED OUT BY THE DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

Assigned to \_\_\_\_\_ Date \_\_\_\_\_

Preliminary investigation results and due date. \_\_\_\_\_  
\_\_\_\_\_

Upgraded to case  yes  no. If yes, list date \_\_\_\_\_ Case Number \_\_\_\_\_

Investigator's signature \_\_\_\_\_ Badge No. \_\_\_\_\_

Supervisor's Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_