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 ______