

Complaint Against Licensee

- Read Complaint Form Information before completing this form.
- Fill in as many of the blanks as you possibly can.
- After completing the form, print and mail to the nearest ABC District Office or
 Department of Alcoholic Beverage Control
 Attention: Complaint Desk
 3927 Lennane Drive, Suite 100
 Sacramento, CA. 95834

INFORMATION ABOUT YOU

It is not required that you give "Information About You." You may remain anonymous.
 If you do give personal information, it will not be released outside of the department and will remain confidential.

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (Day): _____ (Evening): _____

INFORMATION ABOUT ABC LICENSED BUSINESS

Name of Business: _____
 Business Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____
 Name of Owner if known: _____

Nature of Complaint: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Disorderly House | <input type="checkbox"/> Sales After 2:00 A.M. | <input type="checkbox"/> False Owner |
| <input type="checkbox"/> Sales to Minors | <input type="checkbox"/> Drink Solicitation | <input type="checkbox"/> Excessive Noise |
| <input type="checkbox"/> Sales to Obviously Intoxicated Patron | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Illegal Drug Activities | <input type="checkbox"/> Gambling | |
| <input type="checkbox"/> Prostitution | <input type="checkbox"/> Lewd Conduct | |

Date of incident: _____ Time of incident: _____

Have you contacted the business owner regarding your complaint? Yes No

Have you filed this with another law enforcement agency? Yes No

If you answer yes, name of law enforcement agency: _____

Other Details: