



State of Tennessee Alcoholic Beverage Commission Complaint Against Licensee

- Please complete this form with as many details as possible.
- After completing the form, mail to: Alcoholic Beverage Commission, 226 Capitol Blvd., Suite 300, Nashville, TN 37243-0755.

Information About Complainant

It is not required that you give information about yourself. You may remain anonymous. If you prefer, you may call the TABC at 615-741-1602, ext. 0, and ask to speak with an Agent.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: 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

- | | | |
|--|---|---|
| <input type="checkbox"/> Disorderly House | <input type="checkbox"/> Sales after 3:00 a.m. | <input type="checkbox"/> Hidden Ownership |
| <input type="checkbox"/> Sales to Minors | <input type="checkbox"/> Giving Away Alcohol | <input type="checkbox"/> Excessive Noise |
| <input type="checkbox"/> Sales to Obviously Intoxicated Patron | <input type="checkbox"/> Other (explain): _____ | |
| <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 filed this with another law enforcement agency? Yes No

If yes, which agency? _____

Other details (attach additional sheets as necessary): _____