



CONSUMER COMPLAINT
 STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 450 Columbus Blvd · Hartford, CT 06103
 E-Mail: dcp.liquorcontrol@ct.gov
 Fax Number: (860) 706-1208
 Agent Number: (860) 713-6210

WHAT IS YOUR NAME?	WHAT IS YOUR DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)?	WHAT IS YOUR EVENING TELEPHONE NUMBER (INCLUDING AREA CODE)?
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WHAT IS YOUR HOME ADDRESS? STREET ADDRESS CITY STATE ZIP CODE	E-MAIL ADDRESS:
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MY COMPLAINT INVOLVES THE FOLLOWING LICENSED LIQUOR ESTABLISHMENT: NAME OF BUSINESS STREET ADDRESS CITY PERMIT NUMBER, IF KNOWN
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NATURE OF COMPLAINT:	CHECK ALL THAT APPLY:
• SALE TO MINOR(S)	<input type="checkbox"/>
• SALE TO INTOXICATED PATRONS	<input type="checkbox"/>
• REFILLING	<input type="checkbox"/>
• AFTER HOURS	<input type="checkbox"/>
• PURCHASE FOR RESALE	<input type="checkbox"/>
• UNLAWFUL GAMBLING	<input type="checkbox"/>
• PERFORMER CONDUCT	<input type="checkbox"/>
• OTHER ACTIVITY (EXPLAIN)	<input type="checkbox"/> _____

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE (SPECIFIC DATES, DAYS OR NIGHTS, INDIVIDUAL(S) INVOLVED, BRAND NAMES, WITNESSES, VICTIMS, ETC.): _____

 SIGNATURE DATE

Attach as many additional pages as needed to complete your complaint.

Note: All complaints are public information. By submitting this complaint, you give the Department of Consumer Protection your permission to release a copy of the Consumer Complaint.