CONSUMER COMPLAINT

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
165 Capitol Avenue · Hartford, CT 06106
E-Mail: dcp.liquorcontrol@ct.gov
Fax Number: (860) 713-7235
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)?

WHAT IS YOUR HOME ADDRESS? STREET ADDRESS CITY STATE ZIP CODE	E-MAIL ADDRESS:

MY COMPLAINT INVOLVES THE FOLLOWING LICENSED LIQUOR ESTABLISHMENT:
NAME OF BUSINESS STREET ADDRESS CITY PERMIT NUMBER, IF KNOWN

NATURE OF COMPLAINT: CHECK ALL THAT APPLY:

- SALE TO MINOR(S) ☐
- SALE TO INTOXICATED PATRONS ☐
- REFILLING ☐
- AFTER HOURS ☐
- PURCHASE FOR RESALE ☐
- UNLAWFUL GAMBLING ☐
- PERFORMER CONDUCT ☐
- OTHER ACTIVITY (EXPLAIN) ☐

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE (SPECIFIC DATES, DAYS OR NIGHTS, INDIVIDUAL(S)

_____
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.