



**CITY OF SOMERSET
ALCOHOLIC BEVERAGE CONTROL
306 E Mt Vernon Street/PO Box 989
Somerset, KY 42502
Phone: 606/677-0512 Fax: 606/677-9862
www.abcadmin@cityofsomerset.com**

COMPLAINT FORM

In order to help us effectively investigate your concerns, please fill the form below with as much information as possible. The more details you provide the more thoroughly we will be able to look into your complaint. Although not needed, your contact information is very important to us in conducting an investigation and we will do everything possible to keep that information confidential.

Thank you for your concern and assistance.

*** Indicates Required Fields**

Violator Details

*Name of the business or individual

Location

*Location description or Address

Date & Time

*Date and time you observed the violation:

When do you think would be the best day and time for us to observe future violations: _____

Nature of Complaint

*Complaint Details: _____

Please enter your contact information below (Optional)

Name: _____

Phone Number(s): _____

Email Address: _____

****Completed form can be filed in person, emailed, faxed or mailed.****