

Report of suspected violation questionnaire form

Complete the following and e-mail to lonnie.connelly@nebraska.gov or fax to 402-471-2814

This form is intended to obtain as much information as possible so that a thorough and timely investigation of a complaint can be initiated.

Contact information of complaining party – this is requested in the event that an investigator may need additional information to expedite the investigation; – all names are kept confidential and will not be released.

Name of complainant:

Telephone number of complainant:

E mail of complainant:

Premise information – it is important to be as precise as possible so the correct location can be specifically identified, many bars have the same or similar names and sometimes customers call a business by the previous name.

Name of premises:

Street Address:

City:

License Number if known:

Complaint:

Names of individuals involved; employee; owner; patron:

Day of the week and time of day that violations are most likely to occur on:

Other information, including where any items, records or other property relating to the complaint are kept on the premises: