

OFFICE USE ONLY

REPORT OF SUSPECTED VIOLATION

NEBRASKA LIQUOR CONTROL COMMISSION
301 Centennial Mall South, 1st Floor
PO Box 95046
Lincoln, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
www.lcc.nebraska.gov/

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

Complete the following and email to: lcc.enforcement@nebraska.gov or fax to: 402-471-2814

COMPLAINANT INFORMATION:

Requested in the event an investigator may need additional information to expedite the investigation

All names are kept confidential and will not be released.

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PREMISE INFORMATION:

It is important to be as precise as possible so we can identify the correct location, many bars have the same or similar names and sometimes customers call a business by the previous name.

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

LICENSE NUMBER (IF AVAILABLE): _____

COMPLAINT:

- | | |
|---|---|
| <input type="checkbox"/> After Hours | <input type="checkbox"/> Drug Activity |
| <input type="checkbox"/> Selling to Minors | <input type="checkbox"/> Gambling - cards; slot machines; sporting pools; other gambling: _____ |
| <input type="checkbox"/> Selling to Intoxicated | <input type="checkbox"/> Hidden Ownership/Silent Partner |
| <input type="checkbox"/> Refilling | <input type="checkbox"/> Purchasing alcohol from a non-wholesaler licensee |
| <input type="checkbox"/> Other: _____ | |

Names of individuals involved; employees; owner; patron: _____

When the violation is most likely to occur (Day of week, time of day, etc.): _____

Other Information: _____