

## REPORT OF SUSPECTED VIOLATION

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: [brenda.hiland@nebraska.gov](mailto:brenda.hiland@nebraska.gov) or fax to: 402-471-2814

**Contact information of complaining party** – 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 of complainant:** \_\_\_\_\_

**Telephone number of complainant:** \_\_\_\_\_

**Email address of complainant:** \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_, NE \_\_\_\_\_

\_\_\_\_\_ County

**License Number if available:** \_\_\_\_\_

**Complaint:**  After Hours  Selling to Minors  Selling to Intoxicated  Refilling  Drug Activity

Gambling – cards; slot machines; sporting pools; other gambling: \_\_\_\_\_

Hidden ownership/silent partner  Purchasing alcohol from a non-wholesaler licensee

**Other:**

\_\_\_\_\_  
\_\_\_\_\_

**Names of individuals involved; employee; owner; patron:** \_\_\_\_\_

**When the violation is most likely to occur (Day of week, time of day, etc):** \_\_\_\_\_

\_\_\_\_\_

**Other information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_