



**CITY OF RUSSELL SPRINGS
 ALCOHOLIC BEVERAGE CONTROL
 PO BOX 247
 Russell Springs, KY 42642
 Phone: 270/866-3981 Fax: 270/866-3860
 jcoffey@russellsprings.net**

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.****