



ALCOHOLIC BEVERAGE CONTROL
City of Berea, Kentucky
212 Chestnut Street
Berea, Kentucky 40403
Phone: (859) 986-8528 Fax: (859) 986-7657
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Randy Stone, ABC Administrator rstone@bereaky.gov

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.****