



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

## Complaint Filing

The purpose of this form is to allow individuals to file complaints with the Alcoholic Beverages Control Commission Enforcement Division relative to suspected illegal conduct of businesses licensed by the commission. Please provide as much detailed information that you are aware of relative to your complaint.

Name of Licensee:	<input type="text"/>	Business Name (d/b/a):	<input type="text"/>
Address of Premises:	<input type="text"/>		
City / Town:	<input type="text"/>	Phone Number of Premises:	<input type="text"/>

Day / Night(s) that the illegal activity is most likely to take place:	<input type="text"/>
Time that the illegal activity is most likely to take place:	<input type="text"/>
Suspected Illegal Activity:	
Sale of alcoholic beverages to underage individuals:	<input type="checkbox"/>
Sale of alcoholic beverages to intoxicated individuals:	<input type="checkbox"/>
Illegal Gambling:	<input type="checkbox"/>
Purchasing alcoholic beverages from an unauthorized source:	<input type="checkbox"/>
Other: <input type="checkbox"/> Describe:	<input type="text"/>

Provide detailed information relative to the suspected illegal activity that is the subject of your complaint:

**\*If additional space is needed, please use next page\***

**Addition Space if needed:**

A large, empty rectangular box with a thin black border, occupying the upper half of the page. It is intended for providing additional space for work or answers.