



## Complaint Form ENF 5121 Form

Rev. 12/22

**Please complete a separate form for each location.**

You may submit your complaint through the Alcohol Industry Management System by visiting [tabc.texas.gov/aims-login](http://tabc.texas.gov/aims-login).

**Instructions:**

- Use this form to file a complaint about possible violations of the law on TABC-licensed premises or to report possible alcohol-related violations taking place at any location.
- You may also mail a completed form to Texas Alcoholic Beverage Commission, Attn: Enforcement Division at P.O. Box 13127, Austin, TX 78711-3127; email it to [complaints@tabc.texas.gov](mailto:complaints@tabc.texas.gov); or call 1-888-THE-TABC.
- For more information about complaints, visit [tabc.texas.gov](http://tabc.texas.gov).

**Please notify me of the outcome of this complaint.** If you wish to remain anonymous, we may not be able to notify you.

Email address: \_\_\_\_\_

**Information provided below is subject to the Public Information Act and will be disclosed to the public on request, as required by law. Only personal email addresses are considered confidential under law, and any other identifying information could be released to the public.**

**Your Contact Information:**

**Anonymous.** If you wish to remain anonymous, you must leave this section blank.

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Violation/Possible Violation Information:**

Name of Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Business or Property Owner(s), If Known:  
\_\_\_\_\_

What date did the violation occur? \_\_\_\_\_ Time? \_\_\_\_\_

If reoccurring, what day(s) does/do the violation(s) occur?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Details of the Complaint:** (What violations were committed and who committed them?)

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**TABC Use Only:** Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
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