



**Complaint Form**

OIG-8 (09/20)

**Office of Inspector General (Internal Affairs)**

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

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

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

(You may remain anonymous, but the Office of Inspector General will not be able to contact you for followup regarding your complaint)

**Name, badge number or description of TABC employee(s), if known:**

\_\_\_\_\_

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

**Your permit number, if applicable:** \_\_\_\_\_

**Please describe the nature of your complaint and all facts and witnesses including contact information, if known:**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

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