



Office of Professional Responsibility (Internal Affairs)
COMPLAINT FORM

Name:

Address:

Phone Number:

Email Address:

(You may remain anonymous, but the Office of Professional Responsibility will not be able to contact you for follow-up 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