



Russell County Alcohol Beverage Control
P.O. Box 981, Jamestown, KY 42629
Office: 270/343-1408 Fax: 270/343-2708

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**

***Name of Business:** _____

***Location:** _____

***Date & Time:** _____

When do you think would be the best day and time for us to observe future violations: _____

***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.****