



**KAUAI DEPARTMENT OF LIQUOR CONTROL**  
**FORMAL COMPLAINT**  
**CONFIDENTIAL**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE/TIME/DAY: \_\_\_\_\_

ACCUSED INVESTIGATOR(S): \_\_\_\_\_

In an effort to conduct a thorough and impartial investigation, the Liquor Department requires the complainant to provide a detailed statement answering all of the following questions.

1. Please describe your complaint in detail. (For example, the Investigator was discourteous while speaking to me)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Initials \_\_\_\_\_

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2. Can you identify or describe the Investigator(s) involved? If so, please explain.

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3. Were there any witnesses? Please list their names, telephone numbers, and addresses.

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4. Were you injured? Please explain.

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5. Did you receive any medical treatment? If so, where? What kind? Please explain, including the Hospital and the Doctor's name?

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6. Would you consider taking a polygraph examination? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Complainant Initials \_\_\_\_\_



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**Certification- MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

**Affidavit, County of Kauai, State of Hawaii**

I, \_\_\_\_\_, being first duly sworn, declare that I am the person named in the foregoing document; that I have read the same and know the contents thereof; and That, to the best of my knowledge and belief, the answers and statements contained in the document are true and correct and are made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time and Date

Subscribed and sworn to before me

this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

Doc. Date: \_\_\_\_\_ # Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit

Doc. Description: \_\_\_\_\_

\_\_\_\_\_  
*Notary Signature, State of Hawaii*

\_\_\_\_\_  
Date

My commission expires \_\_\_\_\_

Complainant Initials \_\_\_\_\_