

LICENSING COMPLAINT SHEET

Alcohol, Entertainment, Late Night Refreshment & Gambling



Complainant Details

Name: (Mr/Mrs/Miss/Ms/Other) _____

Address: _____

_____ Postcode: _____

Contact Number(s): Home: _____ Work: _____

Mobile: _____ Email: _____

Have you reported the problem to the Police? Yes No

If yes, please give the date(s) _____

Do you wish to remain anonymous? Yes No

Signature: _____ Date: _____

Complaint Details

Name & address of premises causing a problem: _____

Name of person causing a problem (if known): _____

Details of Complaint: _____

_____ (continue on 2nd page if needed)

Please return the completed form to:

Licensing Team, Suffolk Coastal District Council, Melton Hill, Woodbridge, Suffolk IP12 1AU

Telephone Number: 01394 444802 or Email: licensing@suffolkcoastal.gov.uk

