



<b>Personnel Only</b>	
Case #	_____
Complaint Form #	_____
Lieutenant:	_____
Agent:	_____

# SLED

## ALCOHOL ENFORCEMENT / VICE COMPLAINT FORM

EMAIL: [VICECOMPLAINTS@SLED.SC.GOV](mailto:VICECOMPLAINTS@SLED.SC.GOV)

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

TYPE OF COMPLAINT: \_\_\_\_\_

(EX: SERVING TO MINORS, ILLEGAL MACHINES, OPERATING WITHOUT LICENSE, SERVING AFTER HOURS, HUMAN TRAFFICKING)

NAME OF SUBJECT(S) AND/OR LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

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

HAVE YOU ALREADY REPORTED THIS TO YOUR LOCAL LAW ENFORCEMENT? NO YES

ANONYMOUS

CONFIDENTIAL (BUT CAN BE CONTACTED IF THE AGENT HAS ANY FURTHER QUESTIONS THAT WOULD HELP THE INVESTIGATION INTO THIS COMPLAINT)

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

ACTIONS TAKEN BY SLED: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ DATE CLOSED BY SLED AGENT \_\_\_\_\_