

# NEW HAMPSHIRE LIQUOR COMMISSION

# DIVISION OF ENFORCEMENT & LICENSING



## COMPLAINTS AND COMMENDATIONS

## OUR POLICY

The Division of Enforcement & Licensing welcomes your feedback on concerns you may have with regard to enforcement, or how we may have fallen short of meeting our goal to provide outstanding service to the New Hampshire Community. We recognize that the public has a right to expect efficient, fair and impartial law enforcement and liquor licensing. To that end the Division has established policy that provides a fair and equitable system by which complaints or concerns from the public are thoroughly, completely, and impartially investigated.

Conversely, employees who demonstrate exemplary service, distinguishable and exceptional performance, and perform any action deserving of special recognition by members of the Division and the Community shall be recognized by the Division of Enforcement & Licensing.

Should you wish to file a complaint or commendation regarding the Division of Enforcement and Licensing please fill out and submit the attached form to:

New Hampshire Liquor Commission Division of Enforcement & Licensing Attn: Lieutenant of Field Operations 50 Storrs Street Concord, NH 03301

Should you need additional information, please contact us at (603) 271-3521

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Chief Mark Armaganian



#### NEW HAMPSHIRE LIQUOR COMMISSION DIVISION OF ENFORCEMET

### COMPLAINT

### COMMENDATION

#### PERSON COMPLETING FORM

| FIRST NAME | LAST NAME  | MIDDLE INITIAL       |
|------------|------------|----------------------|
| HOME PHONE | WORK PHONE | OTHER CONTACT NUMBER |
| ADDRESS    | TOWN/CITY  | STATE/ZIP            |

### EMPLOYEE(s) INVOLVED

| EMPLOYEE NAME | SL NUMBER (IF KNOWN) | DESCRIPTION (If name or SL# are unknown |
|---------------|----------------------|---|
| EMPLOYEE NAME | SL NUMBER (IF KNOWN) | DESCRIPTION (If name or SL# are unknown |
| EMPLOYEE NAME | SL NUMBER (IF KNOWN) | DESCRIPTION (If name or SL# are unknown |

### WITNESS INFOMRATION

| FIRST NAME | LAST NAME  | MIDDLE INITIAL       |
|------------|------------|----------------------|
| HOME PHONE | WORK PHONE | OTHER CONTACT NUMBER |
| ADDRESS    | TOWN/CITY  | STATE/ZIP            |
| FIRST NAME | LAST NAME  | MIDDLE INITIAL       |
|            |            |                      |
| HOME PHONE | WORK PHONE | OTHER CONTACT NUMBER |
| ADDRESS    | TOWN/CITY  | STATE/ZIP            |

### **INCIDENT DETAILS**

| DATE OF INCIDENT     | TIME OF INCIDENT | CASE # (If known) |
|----------------------|------------------|-------------------|
| LOCATION OF INCIDENT |                  |                   |

#### NATURE OF INCIDENT (Please be specific as possible)

SIGNATURE

DATE

#### COMPLAINTS ONLY

I understand that this statement of complaint will be submitted to the NH Division of Liquor Enforcement & Licensing and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily and without persuasion, coercion or promise of any kind.

I understand that, under the regulations of the Division, the Employee against whom this complaint is filed may be entitled to request a hearing before a Board of Inquiry. By signing and filing this complaint, I hereby agree to appear before a Board of Inquiry if one is requested by an Employee, and to testify under oath concerning all matters relevant to this complaint.

Then personally appeared the above named

and made oath that the foregoing statement is true and correct to the best of his/her knowledge and belief.

Justice of the Peace