

**LIQUOR COMMISSION**  
**CITY AND COUNTY OF HONOLULU**  
 711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
 PHONE (808) 768-7300 • EMAIL [HLC@honolulu.gov](mailto:HLC@honolulu.gov)  
 INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**COMPLAINT FORM**

Date of Complaint: \_\_\_\_\_

Premises Name: \_\_\_\_\_

Address / Location: \_\_\_\_\_

Complainant Name (optional): \_\_\_\_\_ Phone # (optional): \_\_\_\_\_

**Describe the Problem (check all that apply):**

Excessive Noise

**If noise is the problem, what kind of noise is it?**

People yelling or talking

Ordinary music noise too loud

Trash dumping or machinery

Low frequency (such as drums, bass, vibration)

**How far away are you from the noise source?** \_\_\_\_\_

Minor in Possession of Liquor

Selling/Serving Liquor to Minors

Employee Drinking Alcoholic Beverages

Selling/Serving Liquor to Intoxicated Persons

Selling/Serving Liquor without a Liquor License

Sell/Serve/Allow Consumption of Liquor after hours

Conduct of Liquor Commission Employees

Assault

Nudity

Other (Describe): \_\_\_\_\_

**When/How Often is the Problem Occurring (or Occurred):**

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Sometimes we need additional information to help us locate or resolve the issue you reported. For this reason, we ask that you provide a witness name and a phone number that we may contact them. We respect you and your witnesses' privacy and will keep your contact information confidential.*

**For HLC Office Use Only**

Liquor License #: \_\_\_\_\_  Unlicensed \_\_\_\_\_ Complaint #: \_\_\_\_\_

Filed By:  Telephone  Email / Online  In Person  Other \_\_\_\_\_

**Referred for Action:**

Complaint Intake By: \_\_\_\_\_ Administrator Review: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

**Follow Up Result:**

No Violation  Written Warning  Notice of Violation  Referred to: \_\_\_\_\_

Investigator: \_\_\_\_\_ LCI-III: \_\_\_\_\_ Supv. Inv.: \_\_\_\_\_ Chief Inv.: \_\_\_\_\_