



Complaint Form TABC Certification School

Complainant's Contact Information

Anonymous: ☐ Yes ☐ No

If you choose to remain anonymous, do not fill out this section. Keep in mind that TABC will not be able to notify you of the result of this complaint if you remain anonymous.

Name: _____ Email: _____

Phone: _____

Mailing Address Street: _____ City: _____

County: _____ ZIP Code: _____

Certification School Information

School Name and/or URL: _____

Address Street: _____ City: _____

State: _____ ZIP Code: _____ Phone: _____

Trainer's Name: _____

Are you an employee of the school? Yes ☐ No ☐ Did you attend a class at the school? Yes ☐ No ☐

Brief Description of What Happened:

Would you like to receive updates? Yes ☐ No ☐

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or email this document to seller.training@tabc.texas.gov.