

Official Use Only

REVISED 3/1/16



Violation Code:

ORG/FAC/DIS#

Department of Charitable Gaming Complaint Form

Today's Date:

Complainant's Name:

Address:

City:

County:

State:

Zip:

Telephone:

(Home)

(Office)

(Cell)

Description of Complaint: (Be as specific as possible. Use additional sheets if necessary).

The above statements are true and correct to the best of my knowledge.

Signature:

Date:

WEBSITE COMPLAINT ONLY