CG-Complaint
(7/01)

OFFICIAL USE ONLY	
Complaint No:	Date Received:
County of Offense:	

Department of Charitable Gaming
Complaint Form

Today's Date:

Complainant's Name:

Address (Street/Box No.):

City: County: State: Zip:

Telephone:
(Home) (Office) (Cellular)

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

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

Signature _____ Date _____

TO BE COMPLETED BY DEPARTMENT OF CHARITABLE GAMING

Complaint Assigned to: (Mark all divisions that apply)

	Enforcement Division	License & Compliance Division	General Counsel	Commissioner's Office
Received Date				
Assigned Name				
Returned/Date				
Returned Initials				
Closed				
Referred To				
Action Taken				
Action #				
Closed				