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