



Complaint Form		Office Use Only	
Submit completed, original Form to:		Form Received	
Department of Charitable Gaming Public Protection Cabinet 500 Mero St, 2nd Floor, 201 NW Frankfort, KY 40601		Complaint #	

Complainant (Person filing complaint)

Name					
Address					
City		State		Zip	
Phone		Fax		County	
Agency (If Applicable)			Email Address		

Licensed Gaming Agency the complaint is against

Office Use Only (Internal Comments)

Licensed Gaming Agency			License #		
Address					
City		State		Zip	
Phone		Fax		County	

Description of Complaint:

Please describe the event and circumstances regarding the complaint.

Signature

I affirm that information contained in this report is true and accurate to the best of my knowledge and belief.

Signature of Complainant	Date

The Department of Charitable Gaming only investigates complaints involving violations of statutes and regulations involving charitable gaming. Complaints of Illegal gambling that do not involve DCG licensees will be forwarded to other law enforcement agencies, pursuant to KRS 238.560