BINGO / RAFFLE COMPLAINT FORM

Your Name _________________________________________________
Your Address _______________________________________________
City/State/Zip _______________________________________________
Phone _____________________________________________________

Name of Licensee you are complaining against ________________________________
Address ______________________________________________________
City _________________________________________________________
Date of Game _________________________________________________

Did you complain to the Bingo Manager? _____ If so, what was the manager’s name? ______________________
What was the Bingo Manager's reply? ________________________________________________________________

WHAT DO YOU CONSIDER A SATISFACTORY SOLUTION ___________________________________________________

I have read the preceding information and it is true to the best of knowledge and belief.

Date _____________________________ Signature ________________________________________________

PLEASE PRINT OR TYPE YOUR COMPLAINT BELOW. INCLUDE NAMES AND CONTACT INFORMATION OF
WITNESSES (use reverse side if necessary). PLEASE NOTE THAT A COPY OF YOUR COMPLAINT FORM MAY BE
SENT TO THE LICENSEE FOR A RESPONSE.

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