



Missouri Gaming Commission

RIVERBOAT COMPLAINT

COMPLAINANT				
NAME (Last, First, MI)		ADDRESS (Street, Rte, City, State, ZIP)		
DATE OF BIRTH	PLAYER CARD NUMBER	HOME PHONE	BUSINESS PHONE	BEST TIME TO CONTACT
CASINO INVOLVED				
CASINO NAME		CITY WHERE LOCATED		
EMPLOYEE(S) INVOLVED				
NAME (Last, First, MI)		MGC NUMBER	JOB TITLE	
NAME (Last, First, MI)		MGC NUMBER	JOB TITLE	
WITNESSES				
NAME (Last, First, MI)		ADDRESS (Street, Rte, City, State, ZIP)	PHONE	
NAME (Last, First, MI)		ADDRESS (Street, Rte, City, State, ZIP)	PHONE	
GAMING DEVICE INVOLVED (If Appropriate)				
MACHINE NUMBER / LOCATION ID		DENOMINATION	MANUFACTURER	SERIAL NUMBER
DETAILED DESCRIPTION OF INCIDENT (Attach Additional Pages as Needed)				
LOCATION OF INCIDENT			DATE OCCURRED	TIME OCCURRED
COMPLAINANT'S SIGNATURE _____ DATE _____				
GAMING COMMISSION USE ONLY				
DATE RECEIVED:	COMPLAINT NO:	TYPE OF COMPLAINT:	TYPE OF GAME INVOLVED:	
HOW RECEIVED:		INVESTIGATOR:		
Assigned to: _____		RESOLUTIONS:		
Date: _____		UNFOUNDED _____		
Date due back to Jeff City _____		EXONERATED _____		
Office: _____		UNSUBSTANTIATED _____		
		SUBSTANTIATED _____		
		WITHDRAWN _____		
		NON-GAMING _____		