Missouri Gaming Commission

RIVERBOAT COMPLAINT

Print

Reset

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: _____

Date: _____

Date due back to Jeff City _____

Office:

RESOLUTIONS:

UNFOUNDED _____
EXONERATED _____
UNSUBSTANTIATED _____
SUBSTANTIATED _____
WITHDRAWN _____
NON-GAMING _____