## **Bermuda Gaming Commission**



## **COMPLAINT FORM**

BERMUDA GAMING COMMISSION Crawford House, 23 Church St. Hamilton, HM 12, Bermuda

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## 1. Complainant Information

PLEASE NOTE: The following information is necessary to properly investigate your complaint. The biographical information is				
necessary to identify you on video recordings as well as describe you to witnesses and casino employees.				
Title:				
First Name(s):		Middle Initial:		
Last Name(s):		Date of Birth:		
Residential Address:				
Business Address:				
(Street, City, State, Postal				
Code) Home Telephone:		Work Telephone:		
E-Mail:				
2. Licensed Gaming En	tity Involved			
Name of the Enterprise:				
Location of the Enterprise:				
Full Name of Employee				
Involved:		1 1 7.1		
Employee #:		Job Title:		
Name of the Enterprise:				
Location of the Enterprise:				
Full Name of Employee				
Involved: Employee #:		Job Title:		
		505 1110.		
3. Witness Information				
Name of Witness:				
Address:				
(Street, City, State, Postal Code)				
Telephone Number:				
Name of Witness:				
Address:				
(Street, City, State, Postal Code)				
Telephone Number:				
Name of Witness:				
Address:				
(Street, City, State, Postal Code)				
Telephone Number:				

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4. Gaming Device Invol	ved	
Machine Number /		
Location ID:		
Denomination Used:		
(Tito/Cash)		
Manufacturer:		
Serial #:		
	of Incident (Attach Additional Pages as Needed)	
Location of Incident:		
Date of Occurrence:		
Approximate Time of		
Occurrence:		
Description of Occurrence:		
Complainants Signature:		
Date:		

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