

Bingo License Number: _____ Registration Number: _____

Employer Identification Number: _____

Have you spoken with a representative of the organization? Yes No

If yes, with whom did you speak?: _____

Have you contacted any other agencies regarding your complaint? Yes No

If yes, list the agencies: _____

Nature of Complaint

Please explain your complaint. You may use additional sheets if necessary. Please write or type clearly. Try to be brief, but be sure to tell **WHAT** happened, **WHO** was involved, **WHEN** and **WHERE** it happened. Be specific about any oral statements that were made to you. Describe events in the order in which they happened. Attach **COPIES** of any relevant written materials in support of this complaint. **Scroll to page 3 to add additional comments.**

Date of Occurrence: _____

The information contained in this complaint is true and accurate to the best of my knowledge, information, and belief.

Today's Date: _____ Your Signature: _____

Office Use Only	Staff:	Complaint Number:
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Additional Comments:

A large, empty rectangular box with a black border, intended for providing additional comments. The box is currently blank.