



DAVE YOST

OHIO ATTORNEY GENERAL

Charitable Law Section
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Charitable Gambling Complaint Form

The Charitable Law Section will contact you if additional information is needed. The investigation of a charitable trust in Ohio is not a matter of public record, pursuant to §109.28 Ohio Revised Code. Therefore, it may not be possible to share investigative information with you. This complaint form, and any attached documents submitted with this form, may be considered public records under Ohio Law and subject to disclosure. If you are concerned about your identity being revealed, you may call our office and ask to speak with an investigator or the duty attorney to begin a confidential investigation and protect your anonymity. If you submit this form anonymously, please follow up with a telephone call to an investigator or the duty attorney, to allow us to obtain any additional information needed for the investigation.

Complainant Information

Your Name _____ Today's Date _____
Last First MI

Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work Phone _____ email _____

What type of gambling pertains to your complaint?

Traditional Bingo Instant Bingo at a Bingo session

Instant Bingo at a remote location Raffles Las Vegas Nights

Other _____

Organization Information

Your Complaint is Against _____
(please specify name of Charitable Organization, Supplier, or Manufacturer).

Address _____ City _____

State _____ Zip Code _____ County _____

Phone Number _____

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 2 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: