RICHARD CORDRAY
OHIO ATTORNEY GENERAL

Charitable Law Section
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Columbus, Ohio 43215-3130
(614) 466-3180
www.ag.state.oh.us

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. S**croll 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:**

Additional Comments: