Office Use Only

State of New Jersey

DIVISION OF GAMING ENFORCEMENT

PATRON COMPLAINT FORM

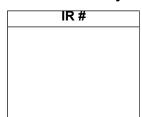
WITNESS/ES NAME & ADDRESS:

New Jersey Division of Gaming Enforcement 1300 Atlantic Ave. 2^{ND} Floor Atlantic City, NJ 08401

COMPLAINANT: MR. MRS. MS. (SELECT ONE)

NAME:					
Address:					
PHONE #:	()			
Email Address:					
PLAYER CARE)#:				

CASINO	



NATURE (TYPE) OF COMPLAINT:

TIME OF INCIDENT:

DATE:

SLOT MACHINE	TABLE GAME
Zone:	Ріт #:
ASSET #:	GAME #:
LOCATION #:	GAME:
Game:	
DENOMINATION:	WAGER:
WAGER:	

CASINO EMPLOYEE(S) INVOLVED:

COMPLAINANT'S VERSION OF THE INCIDENT:

COMPLAINANT'S SIGNATURE:	DATE:	

PLEASE SUBMIT VIA EMAIL OR DELIVER COMPLETED FORM TO THE CASINO SECURITY PODIUM, OR VIA US MAIL TO THE ADDRESS REFERENCED AT THE TOP OF THE FORM