

State of New Jersey

DIVISION OF GAMING ENFORCEMENT PATRON COMPLAINT FORM

NEW JERSEY DIVISION OF GAMING ENFORCEMENT
1300 ATLANTIC AVE. 2ND FLOOR
ATLANTIC CITY, NJ 08401

Office Use Only

CASINO

IR #

COMPLAINANT: Mr. Mrs. Ms. (SELECT ONE)

NAME:	
ADDRESS:	
PHONE #:	()
EMAIL ADDRESS:	
PLAYER CARD #:	

NATURE (TYPE) OF COMPLAINT:	
TIME OF INCIDENT:	DATE:

SLOT MACHINE		TABLE GAME	
ZONE:		PIT #:	
ASSET #:		GAME #:	
LOCATION #:		GAME:	
GAME:			
DENOMINATION:		WAGER:	
WAGER:			

WITNESS/ES NAME & ADDRESS:

CASINO EMPLOYEE(S) INVOLVED:

COMPLAINANT'S VERSION OF THE INCIDENT:

COMPLAINANT'S SIGNATURE:		DATE:	
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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