

Bermuda Gaming Commission



COMPLAINT FORM

1. Complainant Information

PLEASE NOTE: The following information is necessary to properly investigate your complaint. The biographical information is necessary to identify you on video recordings as well as describe you to witnesses and casino employees.

Title:			
First Name(s):		Middle Initial:	
Last Name(s):		Date of Birth:	
Residential Address:			
Business Address: <i>(Street, City, State, Postal Code)</i>			
Home Telephone:		Work Telephone:	
E-Mail:			

2. Licensed Gaming Entity Involved

Name of the Enterprise:			
Location of the Enterprise:			
Full Name of Employee Involved:			
Employee #:		Job Title:	
Name of the Enterprise:			
Location of the Enterprise:			
Full Name of Employee Involved:			
Employee #:		Job Title:	

3. Witness Information

Name of Witness:			
Address: <i>(Street, City, State, Postal Code)</i>			
Telephone Number:			
Name of Witness:			
Address: <i>(Street, City, State, Postal Code)</i>			
Telephone Number:			
Name of Witness:			
Address: <i>(Street, City, State, Postal Code)</i>			
Telephone Number:			

