

## **COMPLAINT RECORD**

## PLEASE FILL IN COMPLETELY

License Number/Licensee Name		Complainant Name	
Playing Address		Telephone Number (Day)	Telephone Number (Evening)
City and ZIP Code	County	Address	,
	,		
Date of Incident		City and ZIP Code	County
			,
Details of Complaint: (Please include nam	nes of any workers or chair	persons involved)	
attached. I FURTHER CERTIFY that I am	aware that false or mislead	ding statements will be cause for rejection	or falsification in the information stated or or revocation of this investigation. I acdom of Information Act, MCL 15.231 <i>et.seq.</i>
Signature			Date
MAIL TO: CHARITABLE GAMING DIVIS	SION DO POV 20022 I A	NSINC ML49000	

EMAIL: CG-Additional-Info@michigan.gov

FAX: (517) 267-2285

