

STATE OF NEW MEXICO

GAMING CONTROL BOARD



Submit To:

**Enforcement
Division 4900
Alameda Blvd
NE Albuquerque,
NM 87113 Fax
505 841-9770**

BINGO / RAFFLE COMPLAINT FORM

Your Name _____

Your Address _____

City/State/Zip _____

Phone _____

Name of Licensee you are complaining against _____

Address _____

City _____

Date of Game _____

PLEASE PRINT OR TYPE YOUR COMPLAINT BELOW. INCLUDE NAMES AND CONTACT INFORMATION OF WITNESSES (use reverse side if necessary). PLEASE NOTE THAT A COPY OF YOUR COMPLAINT FORM MAY BE SENT TO THE LICENSEE FOR A RESPONSE.

Did you complain to the Bingo Manager? _____ If so, what was the manager's name? _____

What was the Bingo Manger's reply? _____

WHAT DO YOU CONSIDER A SATISFACTORY SOLUTION _____

I have read the preceding information and it is true to the best of knowledge and belief.

Date _____ Signature _____