

# State of New Jersey

## DIVISION OF GAMING ENFORCEMENT PATRON COMPLAINT FORM

The Arcade Building  
1325 Boardwalk  
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