

BINGO COMPLAINT QUESTIONNAIRE

State of Wisconsin
Department of Administration
Division of Gaming
DOA-11638 (R3/98)



Office of Charitable Gaming
P.O. Box 8979
Madison, WI 53708-8979
(608)270-2545
FAX (608) 270-2564

DATE MAILED BY GAMING DIVISION _____

We are in receipt of your recent correspondence in which you have raised concerns about the conduct of Bingo by a licensed organization.

To properly address your complaint and to ensure fairness to all parties involved, we need to obtain additional information regarding the situation you have described.

Please complete the following questions and mail to the Office of Charitable Gaming. Our Security and Enforcement Division will review each complaint and conduct an investigation as deemed appropriate. You may be contacted to provide us with additional information.

A copy of this complaint will be sent to the organization in question, to give them an opportunity to respond.

If the Office of Charitable Gaming does not receive your completed questionnaire within 10 days of the date of this letter, no further action will be taken on our part.

YOUR NAME: _____ **ADDRESS:** _____

TELEPHONE (Home) _____ **CITY:** _____

(Work) _____ **STATE:** _____

Best Time To Call: _____ **ZIP CODE:** _____

PLEASE PROVIDE SPECIFIC ANSWERS TO THE FOLLOWING QUESTIONS:

List the Name and Address of the Organization You Are Registering Your Complaint Against:

ORGANIZATION NAME: _____

ADDRESS, CITY: _____

LOCATION: _____

Date Of Incident: _____ **Approximate Time Of Incident:** _____

NATURE OF COMPLAINT

METHOD OF PLAY:

- | | | |
|-------------------------------|--|---------------------------------------|
| _____ Bingo Calling Error | _____ Cards, Special Games | _____ Verification of Bingo |
| _____ Multiple Bingos/Winners | _____ Unheard Bingo/Last Number Called Error | _____ Other (Please describe on back) |

EQUIPMENT:

- _____ Number Drawing Machine Malfunction _____ Message Board/Lighting Malfunction

BRIEFLY-PLEASE DESCRIBE THE SITUATION BY PROVIDING FACTUAL INFORMATION ONLY:

Have you attempted to resolve the situation with the organization in question? _____ **YES** _____ **NO**

If **YES**, briefly describe how you attempted to resolve the situation, also list the Name, Title, and Phone Number of the person you talked to:

If **NO**, state your reason for not trying to resolve the situation: _____

**LIST NAMES, ADDRESSES, and PHONE NUMBERS OF PERSON(S) WHO CAN
VERIFY YOUR STATEMENT and COMPLAINT:**

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

I certify that I have completed the above questionnaire and verify the information to be true and correct to the best of my knowledge.

Signature

Date