

# 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:**

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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:

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

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**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.

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**Signature**

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**Date**