

OHIO CASINO CONTROL COMMISSION

John R. Kasich
Governor



Jo Ann Davidson
Chair

PATRON INQUIRY/COMPLAINT FORM

Date of Inquiry/Incident: ____/____/____ Time of Incident: _____

Your Name: _____
(Last) (First) (Middle)

Home Address: _____

Home Telephone: (____) _____

Business Telephone: (____) _____

Email: _____

Casino Where Incident Occurred: _____

Inquiry or Summary of Incident (Describe in detail the inquiry or incident to the best of your knowledge. Use additional pages if necessary):

Casino Employee(s) Involved: _____

Witness(es) (Include name, address & telephone number):

Location (Describe in as much detail as possible where you were gaming when the incident took place. If known, list the exact slot machine number or table game number; or describe the machine or table and its location as best you can):

Summary of Casino's Response (Describe in detail the casino's attempt to address or resolve your inquiry or complaint, including any actions taken by the casino or statements made to you by casino personnel):

Please understand that the Ohio Casino Control Commission's primary mission is to protect the integrity of casino gaming in this state. Consequently, the Commission will review your inquiry or complaint to ensure the casinos are complying with Ohio law and their internal controls. And if necessary, the Commission will take regulatory and enforcement action in the manner dictated by the circumstances and as permitted by law. However, the Commission cannot provide you with legal advice or an official legal opinion or bring any legal action on your behalf. Should you desire such a result, the Commission encourages you to seek advice from private legal counsel.

Please also understand that it is a felony to claim or attempt to claim anything of value in or from casino games with intent to defraud, without having made a wager contingent on winning a gambling game, or for an amount of money or thing of value of greater value than the amount won.

Signature: _____ Date: _____