

**MISSISSIPPI GAMING COMMISSION  
CHARITABLE GAMING DIVISION**

COMPLAINT FORM

NAME OF ESTABLISHMENT \_\_\_\_\_  
ADDRESS OF ESTABLISHMENT \_\_\_\_\_

PERSON MAKING COMPLAINT \_\_\_\_\_

NATURE OF COMPLAINT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE SIGNATURE OF COMPLAINANT

Complaints may be submitted as indicated below. (Please check one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> E-Mail<br><a href="mailto:hbounds@mgc.state.ms.us">hbounds@mgc.state.ms.us</a> | <input type="checkbox"/> Mail<br>Branch Director Hal Bounds<br>Charitable Gaming<br>Mississippi Gaming Commission<br>P. O. Box 23577<br>Jackson, MS 39225-3577 | <input type="checkbox"/> In Person<br>Mississippi Gaming Commission<br>620 North Street, Suite 200<br>Jackson, MS 39202 |
| <input type="checkbox"/> Fax<br>(601) 576-3929  |  |   |

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FOR AGENCY USE ONLY:

PERSON RECEIVING COMPLAINT \_\_\_\_\_  
TITLE \_\_\_\_\_

INVESTIGATOR ASSIGNED \_\_\_\_\_

RESULTS OF INVESTIGATION \_\_\_\_\_

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\_\_\_\_\_  
DATE SIGNATURE OF INVESTIGATOR