

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

FOR AGENCY USE ONLY:

PERSON RECEIVING COMPLAINT _____
TITLE _____

INVESTIGATOR ASSIGNED _____

RESULTS OF INVESTIGATION _____

DATE SIGNATURE OF INVESTIGATOR