## **COMPLAINT/DISPUTE FILING PROCEDURE**

The Enforcement Division of the Mississippi Gaming Commission is responsible for investigating and rendering the initial decision in all patron disputes and complaints. A dispute is defined as a claim for a specific amount of cash or merchandise, whereas a complaint may be seen as a difference of opinion between the casino and a patron, which does not involve money or items of value.

Whenever a patron has a complaint against a casino, or disputes a win or loss while at a Mississippi casino, they may request the Mississippi Gaming Commission to investigate their claim. Every complaint and dispute is taken very seriously by the Commission, assigned a case number and given to an Agent for investigation.

Patrons should file all complaints and disputes as soon as possible and in writing. Complaints and disputes should be filed (faxed or mailed) with the field office located near the casinos.

Southern District Office	<b>Central District Office</b>	Northern District Office
Mississippi Gaming Commission	Mississippi Gaming Commission	Mississippi Gaming Commission
1141 Bayview Avenue, Suite 301	P.O. Box 2006	P.O. Box 489
Biloxi, MS 39530	Vicksburg, MS 39181	Tunica Resorts, MS 38664
(228) 432-0181Phone	(601) 636-0443 Phone	(662) 363-3073 Phone
(228) 432-7784 FAX	(601) 636-3349 FAX	(662) 363-6768 FAX
1-800-497-8550 Phone	1-888-465-8312 Phone	1-800-269-3577 Phone
*All Gulf Coast Casinos	*Casinos in Natchez, Vicksburg	*Casinos in Tunica and Coahoma
	and Greenville	Counties

Patron will receive immediate notification of Commission receipt of their complaint or dispute, and an official resolution letter within thirty days.

Patrons or licensees may appeal this decision when it involves a Dispute, by notification to the Mississippi Gaming Commission, Legal Division, 620 North Street, Jackson, Mississippi 39202 within 20 days of receipt of their initial resolution letter. A Hearing will be scheduled before an independent examiner provided by the Attorney General's office. Evidence and testimony may be presented at this time. The Hearing Officer then renders a decision within 30 days.

Persons aggrieved by the Hearing Officer's decision may file an appeal directly to the Commission by again notifying the Mississippi Gaming Commission Legal Division.

Additional appeals and remedies may be available through the circuit court in the county where the petitioner resides.

Further information on claims, disputes and appeals may be found in Mississippi Code Ann 75-76-119, 121, 123, 125, 127, 159, 161, 163. Please refer also to the Mississippi Gaming Commission Regulation III, (H).

Comments, suggestions, or questions may be directed to the Enforcement Division, Mississippi Gaming Commission, P.O. Box 23577, Jackson, Mississippi 39225-3577 or 1-800-504-7529. *Knowingly making any false statement in a complaint filed with the Mississippi Gaming Commission may lead to liability under Mississippi law for the wrongful initiation of legal proceedings.* 

## Mississippi Gaming Commission Complaint by Gaming Patron Form

Patron Information									
<b>PLEASE NOTE</b> : The following information is necessary to properly investigate your complaint. The biographical information is necessary to identify you on video recordings as well as describe you to witnesses and casino employees.									
Name (First, Mide	Name (First, Middle, Last)								
Residential Address (Street, City, State, Zip Code)							Home Telephone Number		
Business Name and Address (Street, City, State, Zip Code)						Business Telephone Number			
Date of Bir	th S	ex	Race	Height	Weight	Hair Color	•	Hair Style	
Do you have a player's card? □ No □ Yes If "Yes" list the card number here→									
<b>Clothing and Accessories:</b> Please describe what you were wearing at the time of the incident. Include the general type of clothing,									
colors, patterns and jewelry or accessories as well as anything unique or distinguishing.									
			_		•				
				ncident In					
Name of Casino V	Where Incident	Occurred	1		Date Incident Occurred Time Incident Occurred				
Complaint Type	Slot Machir	e 🗆 T	able Game	Promotion	🗌 Tournam	ent 🗌 Oth	Other – Explain:		
LOCATION: Plea	se describe in c	etail, wl	nere you wei	re in the casino a	at the time the	incident ca	using you	ar complaint occurred. If	
possible, list the location or direct		ne or ga	aming table.	If you do not k	now the mach	ine or table i	number, j	provide a description of the	
	10119.								
Witnesses									
Please list the names of the casino employees you spoke with about this incident. If other people were with you, please list their names,									
addresses, and telephone numbers.									
	I understand this report is being made to peace officers of the State of Mississippi and declare all information provided on this page and the following page(s) is true to the best of my knowledge and belief. I further understand if I have knowingly made false statements or								

the following page(s) is true to the best of my knowledge and belief. I further understand if I have knowingly made false statements or intentional misrepresentations I may be prosecuted according to law. When filing this complaint electronically, I understand my typed name substitutes for my signature.

Signature

Date

## Mississippi Gaming Commission Complaint by Gaming Patron Form

**Narrative**. In your own words, describe the incident in detail. Be sure to clearly state your complaint. Tell us what you reported to casino management and how they responded to your complaint. Identify by name or description all casino employees you dealt with concerning this complaint. Tell us what you want to happen as a result of your complaint. Feel free to use as many pages as necessary to state your complaint.