

COMPLAINT FORM

Please use this form to file a complaint with the NYS Gaming Commission, Division of Charitable Gaming regarding misconduct by charitable organizations or individuals conducting bingo and/or games of chance such as raffles, bell jar and casino style games.

While not required, if you choose not to provide your contact information, we will not be able to contact you for additional information.

Mail, email or fax this completed form to:

Mail: NYS Gaming Commission, Division of Charitable Gaming, P.O. Box 7500, Schenectady, NY 12301

Email: charitablegaming@gaming.ny.gov

Fax: (518) 347-1469

neck the type of complaint: Raffle	Bell Jar	Bingo	Casino Night	Other
Your Name:				
Your Address:				
	Street 2	Address		
City/Town/Village			County	Zip Code
Your Email:	A	Alternate Email:		
Your Phone:	A	Alternate Phone:		
Entity/Individual Name:	Subject of (
Individual Title:				
Entity/Individual Address:				
	Street A	ddress		
City/Town/Village			County	Zip Code
Entity/Individual Email:				
Entity/Individual Phone:				

this complaint, I understand that:	
_ The NYS Gaming Commission works with othen ate law enforcement and may also share my cony complaint in legal proceedings to establish vio	er state, local and federal government agencies to investigate complaints and mplaint with them. In addition, the NYS Gaming Commission may use informational plations of law.
Any false statement made in this complaint a	are punishable as crimes, including under Section 175 and/or Section 210 of the
aw.	