



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, PO Box 7500, 354 Broadway, Schenectady, NY 12301-7500

Email: charitablegaming@gaming.ny.gov

Fax: (518) 347-1469

Check the type of complaint: Raffle Bell Jar Bingo Casino Night Other

Your Name: _____

Your Address:

_____ *Street Address*

_____ *City/Town/Village* _____ *County* _____ *Zip Code*

Your Email: _____ Alternate Email: _____

Your Phone: _____ Alternate Phone: _____

Subject of Complaint

Entity/Individual Name: _____

Individual Title: _____

Entity/Individual Address: _____

_____ *Street Address*

_____ *City/Town/Village* _____ *County* _____ *Zip Code*

Entity/Individual Email: _____

Entity/Individual Phone: _____

Entity/Individual Website: _____

