



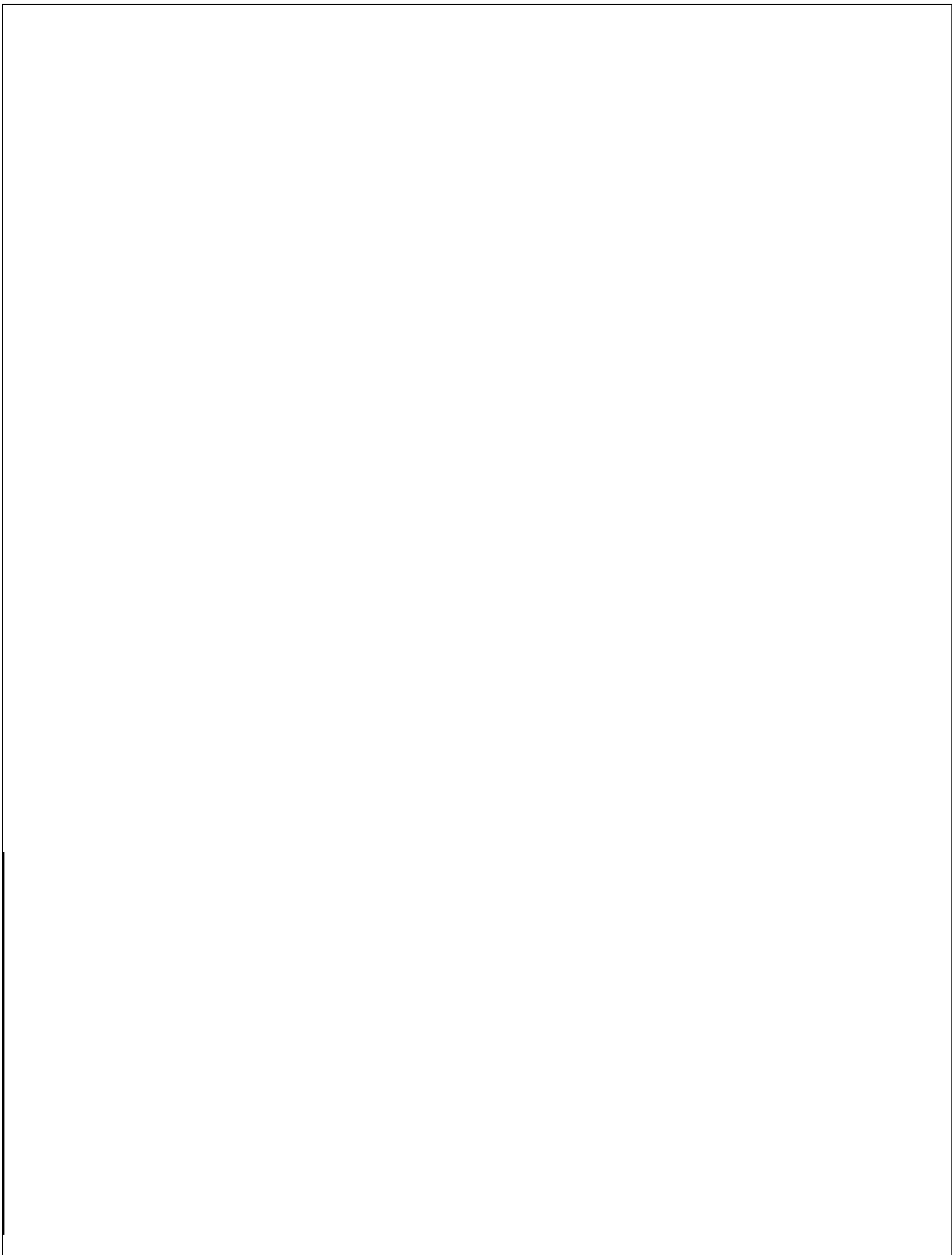
GAMING COMMISSION OF GHANA COMPLAINT FORM

PLEASE TICK

- Operator
- Individual
- Group

NAME (Surname, First, Others)	ADDRESS (Street, City, Box Number)	ID Number
DATE OF BIRTH	GAME TYPE (Please tick the one that applies to you) <input type="radio"/> Casino <input type="radio"/> Sport Betting <input type="radio"/> Route Operating <input type="radio"/> Other Games of Chance	GAME LOCATION Region City District
CELL PHONE/BUSINESS PHONE		
NAMES OF EMPLOYEE(S) INVOLVED		
1. 2.		
JOB TITLE	STAFF ID No,	
1.....	
2.....	
GAMING DEVICE INVOLVED (Where applicable)		
MACHINE NUMBER/LOCATION ID	MANUFACTURER	SERIAL NUMBER
DETAILED DESCRIPTION OF INCIDENT (Attach Additional Pages as Needed)		

N.B I understand that this report is being made to the Gaming Commission of Ghana and I declare that all information provided in this document is true to the best of my knowledge and belief. I further understand that if I have made false statements or intentional misrepresentations I may be prosecuted according to law.



COMPLAINANT'S SIGNATURE.....DATE.....

NAME OF WITNESS CELL PHONE NUMBER.....SIGNATURE

1..... **.....** **.....**

2..... **.....** **.....**

OFFICIAL USE ONLY

DATE RECEIVED	COMPLAINT No.	TYPE OF COMPLAINT	TYPE OF GAME INVOLVED:
HOW COMPLAINT WAS RECEIVED		NAME OF INVESTIGATOR	
Assigned to:..... Date.....	RESOLUTIONS: UNFOUNDED..... EXONERATED..... UNSUBSTANTIATED... SUBSTATIATED..... WITHDRAWN..... NON-GAMING.....		

RECOMMENDATION (S):