GAMING COMMISSION OF GHANA

COMPLAINT FORM

COMPLAINT No: …… ***DATE:……***

PLEASE TICK

- Operator
- Individual / Punter
- Staff / Employee

RECEIVING OFFICER …….. ***SIGNATURE ……***

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.

NAME (Surname, First, Others)			
DATE OF BIRTH & PLACE OF BIRTH			
ADDRESS			
GPS CODE : ---- ------			
CELL PHONE		**E-MAIL:**	
ID TYPE		**GAMING COMPANY**	
ID NUMBER			
GAME TYPE (Please tick the applicable one)	○ Casino ○ Sport Betting ○ Route Operating ○ Other Games of chance	**FACILITY LOCATION**	
		City	
		District	
		Region	
GAMING DEVICE INVOLVED (Where applicable)			
MACHINE NUMBER		○ Slots ○ Roulette ○ Blackjack ○ Poker	

DETAILED DESCRIPTION OF COMPLAINT(*Attach Additional Pages if Needed)*

Date:…… ***No:……..***

Date:…… ***No:…….***

DATE	
COMPLAINT'S SIGNATURE	
NAME OF WITNESS	
WITNESS CELL PHONE NUMBER	
WITNESS SIGNATURE	

Date:…… ***No:……***

OFFICIAL USE ONLY

DATE RECEIVED		**TYPE OF GAME INVOLVED**
ASSIGNED TO		
DATE		
NAME OF INVESTIGATOR		

<u>FINDINGS</u>

<u>RECOMMENDATIONS</u>