

# STATE OF NEW MEXICO

## GAMING CONTROL BOARD



Submit To: Enforcement Division  
4900 Alameda Blvd NE  
Albuquerque, NM 87113  
Fax 505 841-9770

### BINGO / RAFFLE COMPLAINT FORM

Your Name \_\_\_\_\_  
Your Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name of Licensee you are complaining against \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Date of Game \_\_\_\_\_

**PLEASE PRINT OR TYPE YOUR COMPLAINT BELOW. INCLUDE NAMES AND CONTACT INFORMATION OF WITNESSES (use reverse side if necessary). PLEASE NOTE THAT A COPY OF YOUR COMPLAINT FORM MAY BE SENT TO THE LICENSEE FOR A RESPONSE.**

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you complain to the Bingo Manager? \_\_\_\_\_ If so, what was the manager's name? \_\_\_\_\_  
What was the Bingo Manger's reply? \_\_\_\_\_

WHAT DO YOU CONSIDER A SATISFACTORY SOLUTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the preceding information and it is true to the best of knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_