



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
GAMING COMMISSION

-POKAGON*BAND*OF*POTAWATOMI*INDIANS-
POKAGON BAND GAMING COMMISSION

CASINO PATRON COMPLAINT FORM

The Pokagon Band Gaming Commission ("PBGC") is an independent government gaming regulatory authority tasked with the oversight of all gaming-related activities of the **Four Winds Casino**, in accordance with the Gaming Regulatory Act and the PBGC Regulations.

This *PBGC Casino Patron Complaint Form* is intended for the submission of complaints, claims, or other gaming-related disputes by patrons of the Four Winds Casino. Upon the submission of completed Patron Complaint Form, the PBGC shall conduct a complete investigation and render a decision within thirty (30) days, subject to the terms set forth in the PBGC Regulations. You will be notified of the PBGC's decision.

Instructions:

Complete all sections of the *PBGC Casino Patron Complaint Form* in detail. Clearly state all claims and/or disputes at issue, how you were negatively affected, and any resolution(s) requested. Include any and all information you believe to be relevant to the rendering of a decision.

The complaint form must be completed, signed, and submitted within 72 hours of receiving this form. Complaint forms sent by US mail must be postmarked within this 72-hour limit. Any complaint submitted without first providing the gaming operation (i.e. Four Winds Casino) the opportunity to hear and settle the matter may result in PBGC declining to investigate the complaint.

NOTE: This *PBGC Casino Patron Complaint Form* is intended for casino gaming activities only and may **not** be used for submission of complaints relating to Four Winds online real money gaming or online Sports Betting. For information on internet-based gaming complaints, please refer to the *iGaming Patron Complaint Form* or speak with an agent of the PBGC via the contact information below.

This form may be submitted in person, by fax, email, or by US mail to the following:

POKAGON BAND GAMING COMMISSION

Patron Complaints

Licensing & Investigations Division

10528 Maudlin Road New Buffalo, MI 49117

Phone: (269) 926-5667

Fax: (269) 926-5471

Email: GC.Investigators@PokagonBand-nsn.gov

PATRON INFORMATION

First Name: _____	Last Name: _____
Phone Number: _____	Email Address: _____
Street Address: _____	City, State, Zip: _____

INCIDENT DATE: ____ / ____ / ____

INCIDENT TIME: _____ (am/pm)

LOCATION

Slot machine or gaming table number (if known) or a detailed description of the location and game being played

CASINO EMPLOYEES INVOLVED

Provide names of employees that took part in the incident and response (if known)

INCIDENT DETAILS

Describe in detail the events in dispute as they occurred – include all relevant information to be considered

(continued next page)



INCIDENT DETAILS

(Continued)

CASINO RESOLUTION

Describe the Casino's attempt to resolve your dispute; include (1) the employee names(s) that first heard your complaint (if known), (2) all actions taken to resolve the issue, and (3) statements made by casino personnel regarding your claim

WITNESS INFORMATION

List the name, address, and contact information of witnesses who may provide further information on the incident

REQUESTED RESOLUTION

State the resolution being sought. If monetary, specify the amount you believe you are entitled to as a result of the incident and the basis for such request.

ADDITIONAL INFORMATION

Please provide any additional information you believe may be beneficial to the investigation into this complaint

Part B(3) of the Pokagon Band Code of Offenses states:

"It is unlawful for any person [...] to claim, collect or take, or attempt to claim, collect or take, money or anything of value in or from a game, with intent to defraud, without having made a wager contingent thereon, or to claim, collect or take an amount greater than the amount actually won in such game."

I hereby attest that the information provided by me in this Patron Complaint Form is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Printed Name

Birth Date

Signature (physical or electronic)

Signature Date

DO NOT WRITE BELOW THIS LINE (Commission Use Only):

Received Date: _____ Time: _____ Method: ☐ In Person ☐ Fax ☐ Mail

Received by: _____