



**NEBRASKA RACING AND GAMING COMMISSION**

3401 VILLAGE DRIVE, SUITE 100

(402) 471-4155

LINCOLN, NEBRASKA 68516

**OFFICIAL COMPLAINT FORM**

**COMPLAINANT**

\_\_\_\_\_  
NAME (Last, First MI)

\_\_\_\_\_  
ADDRESS (Street, City, State, ZIP)

\_\_\_\_\_  
PLAYER CARD NUMBER

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
BEST TIME TO CONTACT

**CASINO INVOLVED**

\_\_\_\_\_  
CASINO NAME

\_\_\_\_\_  
CITY WHERE CASINO IS LOCATED

**EMPLOYEE(S) INVOLVED**

\_\_\_\_\_  
NAME (Last, First MI)

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
JOB TITLE

\_\_\_\_\_  
NAME (Last, First MI)

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
JOB TITLE

**WITNESSES**

\_\_\_\_\_  
NAME (Last, First MI)

\_\_\_\_\_  
ADDRESS (Street, City, State, ZIP)

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
NAME (Last, First MI)

\_\_\_\_\_  
ADDRESS (Street, City, State, ZIP)

\_\_\_\_\_  
PHONE

**GAMING DEVICE INVOLVED (If Applicable)**

\_\_\_\_\_  
MACHINE #/LOCATION

\_\_\_\_\_  
DENOMINATION

\_\_\_\_\_  
MANUFACTURER

\_\_\_\_\_  
SERIAL NUMBER

**DETAILED DESCRIPTION OF INCIDENT**

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
DATE OCCURRED

\_\_\_\_\_  
TIME OCCURRED

**SUMMARY OF INCIDENT:**

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE

*Official complaints/reports must be submitted in writing, signed by the person making the complaint/report, and presented to the Nebraska Racing and Gaming Commission. The person making the complaint/report should retain a copy for personal reference.*

**EMAIL COMPLETED FORMS TO:**

**OR**

**MAIL COMPLAINTS TO:**

[NRGC.Complaints@nebraska.gov](mailto:NRGC.Complaints@nebraska.gov)

Nebraska Racing and Gaming Commission  
3401 Village Drive, Suite 100  
Lincoln, NE 68516

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**NEBRASKA RACING AND GAMING COMMISSION USE ONLY**

_____ DATE RECEIVED	_____ CASE #	_____ TYPE OF COMPLAINT	_____ TYPE OF GAME INVOLVED
_____ HOW RECEIVED	_____ NRGC REPRESENTATIVE		
<b>RESOLUTION(S)</b> UNFOUNDED UNSUBSTANTIATED WITHDRAWN	EXONERATED SUBSTANTIATED NON-GAMING	_____ ASSIGNED TO	_____ DATE
		_____ FORWARDED TO	_____ OFFICE