

## Gun Lake Tribal Gaming Commission 1123 129<sup>th</sup> Ave. Wayland, MI 49348 | {p} 269.792.1750 {f} 269.792.4119

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## **Patron Dispute Form**

**Patron Instructions**: Complete this form using legible penmanship upon receiving. Areas highlighted in yellow are required and must be completed for this dispute to be investigated. Explain the incident that is cause for this patron dispute in factual detail inside of the "Description of Incident" box. Completed form shall be mailed to the Gun Lake Tribal Gaming Commission Compliance Department at the address provided above.

A full investigation will be conducted within 30 calendar days from filing. The findings will be reviewed by the Tribal Gaming Commission's Executive Director where a letter of determination will be mailed to the residence you provide below. If you are dissatisfied with the Director's decision, you may file a written appeal for a hearing with the Commission Board within 14 calendar days from the receipt of determination. If a hearing is granted, the burden of proof is on you to demonstrate that you are entitled to relief.

All investigations are executed by the Gun Lake Tribal Gaming Commission, not Gun Lake Casino, and are conducted in accordance with §4 of the Gun Lake Tribal Gaming Commission Rules and Regulations.

PATRON NAME:									PASSPORT NO.:	
ADDRESS:									PHONE NUMBER	₹:
CITY:							STA	ATE:		ZIP CODE:
DATE OF INCIDENT:	_(_	1	1	)	TIME	OF INC	IDENT:	(	<b>)</b> PM/AM	
NAME OF GAME THEME/LOCATION :										
DENOMINATIONS/MAX-MIN:										
AMOUNT BET:										
SYMBOLS/CARDS PLAYED:										
AMOUNT AWARDED:										
RULE OF GAME THAT SUPPORTS YOUR CLAIM:										

Continue on page 2



\*PATRON SIGNATURE

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t of the names, if known, of any employee that was involved in this dispute:					
ess name (If icable):	PASSPO NO.:	RT			
DRESS:	PHONE	NUMBER:			
<u>Y:</u>	STATE:	ZIP CODE:			
tness name (If plicable):	PASSPO NO.:	ORT			
DRESS:	PHONE	NUMBER:			
		<mark>ZIP</mark>			
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	STATE:	CODE:			
	STATE:	CODE:			
	STATE:	CODE:			
CRIPTION OF INCIDENT:	STATE:	CODE:			

**DATE:** 

<sup>\*</sup> Signing this form is certification that the information you provide is true to the best of your knowledge. If any of this information is found to be false, misleading, or proven by the TGC to be a deliberate attempt to defraud the Gun Lake Casino, your dispute will be denied and may have a negative impact on future dispute investigations.