



LOTTERY AND GAMING INCIDENT REPORT

Date :
ORGANIZATION HOLDING EVENT
LOTTERY DATE
LOCATION/PREMISE OF EVENT

PLEASE DESCRIBE THE INCIDENT (ISSUE):

WAS THE INCIDENT RESOLVED TO YOUR SATISFACTION?

WHAT WOULD YOU SUGGEST FOR US TO MAKE SURE THAT THIS DOES NOT HAPPEN AGAIN?

Name of person submitting the report

NAME (PLEASE PRINT)		
SIGNATURE(S)		
TELEPHONE NUMBER(S)	WORK ()	RES. ()
EMAIL ADDRESS		

If you require more space, please add another sheet.

OFFICE USE ONLY DATE RECEIVED