



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

**PLEASE DESCRIBE THE INCIDENT (ISSUE):**


**DID YOU CONTACT THE ORGANIZATION TO TRY TO RESOLVE THE ISSUE?**

**WAS THE INCIDENT RESOLVED TO YOUR SATISFACTION? Yes  No**

**IF NO – PLEASE EXPLAIN BELOW:**


**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