TEXAS LOTTERY

Complaint Form

- 1. Please type or print clearly
- 2. It is important to provide as much information as possible
- 3. An asterisk (*) indicates required information needed for us to be able to respond to your complaint
- 4. Please enclose copies of any documents relating to this complaint
- 5. Complaints can be submitted online at www.texaslottery.com or www.texaslottery.com</a
- 6. NOTE: Information provided may be subject to release under the Texas Public Information Act

| Your Name and Contact Information | | | |
|---|--|-------------------|-----------|
| *Full Name: | | | |
| *Last | *First | | M.I. |
| *Address Mailing Address | | | |
| *Street an | nd number, P.O. Box or Rural Route and box number | *City and State | *ZIP Code |
| *Contact Phone Number(s): E-mail Address: | | | |
| Bingo Complaint Information | | | |
| *Date of incident: | *Time of incider | nt: | A.MP.M. |
| *Name of Bingo Hall/Organization: | | | |
| Name of Pingo Worker | Bingo Worker Registry or Organization Taxpayer Number: | | |
| *Address | Organization raxpayer Number. | | |
| Street Address | ad acceptant | *City and State | *7/D Codo |
| *Street and number *City and State *ZIP Code *Briefly describe your complaint below. Remember to include names of individuals and/or witnesses involved. (If necessary, attach | | | |
| additional pages to adequately describe the incident.) | | | |
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| Lottery Complaint Information | | | |
| *Date of incident: | *Time of incider | nt: | A.M. P.M. |
| *Name of Lottery Location: | Lo | ttery Retailer# : | |
| *Address | (six-digit# located on store license or on-line tickets, ex. 987654) | | |
| Street Address | | | |
| *Street and number *City and State *ZIP Code *Briefly describe your complaint below. Remember to include names of individuals and/or witnesses involved. (If necessary, attach | | | |
| additional pages to adequately describe the incident.) | | | |
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| ADA (A | | | |
| ADA (Americans with Disabilities Act) Complaint | | | |
| If your ADA complaint is against a program, service, or activity of the Texas Lottery, briefly describe it in the space below. Remember to include names of individuals and/or witnesses involved. (If necessary, attach additional pages to adequately describe the incident.) | | | |
| If your ADA complaint is against a lottery retailer, please also complete Lottery Retailer information portions of the Lottery Complaint | | | |
| Information box above. | | | |
| By checking this box, you are certifying that you are a disabled person as described in the Americans with Disabilities Act and to the best of your knowledge and belief, the statements made in this complaint are true and accurate. | | | |
| best of your knowledge and belief, the statements made in this complaint are true and accurate. | | | |
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