

Gambling-related incident report

Incident date _____ Incident time _____

Who reported the incident/made complaint? (record as many details as possible)

Name _____ Phone _____

Address _____

City _____ State/Territory _____ Postcode _____

Email _____

Incident/complaint details (attach additional pages if required)

Action taken to resolve incident/complaint (attach additional pages if required)

Follow-up action, e.g. advice to patron, etc. (attach additional pages if required)

Staff details

Staff member name to whom the incident was reported/complaint was made

Customer liaison officer details

Name _____

Signature _____ Date _____