TEXAS LOTTERY COMMISSION

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.txlottery.org or www.txbingo.org, faxed to 512-344-5334, or mailed to the Texas Lottery Commission Attn: Compliance Section PO Box 16630 Austin, TX 78761-6630
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 and 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 incident: _____ ☐ A.M. ☐ P.M.

*Name of Bingo Hall/Organization: _____

Name of Bingo Worker: _____ Bingo Worker Registry or Organization Taxpayer Number: _____

*Address
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.)

Lottery Complaint Information

*Date of incident: _____ *Time of incident: _____ ☐ A.M. ☐ P.M.

*Name of Lottery Location: _____ Lottery Retailer# : _____
(six-digit# located on store license or on-line tickets, ex. 987654)

*Address
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.)

ADA (Americans with Disabilities Act) Complaint

If your ADA complaint is against a program, service, or activity of the Texas Lottery Commission, 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.