



San Manuel Band of Mission Indians
Tribal Gaming Commission
Surveillance Department

GAMING ACTIVITY DISPUTE FORM
(PRINT / WRITE LEGIBLY)

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____
Address: _____ Players Club #: _____
Phone: () _____ Phone Alternate: () _____
Driver's License: _____ State: _____

DESCRIPTION OF DISPUTE / ISSUE

Dollar Amount Disputed (If Applicable): _____

Copy of GCR009 provided to patron Yes

By signing this document you swear the above statement is true and correct to the best of your knowledge:

Patron / Claimant (Signature): _____ Date: _____

(GAMING COMMISSION INTERNAL USE ONLY)

GAME INFORMATION

Slot Location: _____ Slot Denom: _____ Slot Theme: _____
Table Location: _____ Table Denom: _____ Table Game: _____
Manufacturer: _____ Wager: _____ Progressive Eligible: No Yes N/A

REPORTED TO

Employee Name: _____ Title: _____
Department: _____ Employee #: _____
Investigator (Print): _____
Investigator (Signature): _____ Date: _____