

STATE OF MICHIGAN
MICHIGAN GAMING CONTROL BOARD
OFFICE OF THE EXECUTIVE DIRECTOR
HORSE RACING SECTION

COMPLAINT

Name			Date
Address	City	State	Zip Code
Telephone No.	Other		Date
Complaint Narrative			
Complainant/Employee Signature			Date

COMPLAINT PROCESS

A. Complaint Sent To	Date
B. Complaint Reviewed By	Date
C. Complaint Answered By	Date
RESPONSE NARRATIVE	
Date Complaint Original Filed	