Minnesota Gambling Control Board – Complaint/Allegation

Today's date: _____

Date and time of incident: _____

Location (site): _____

_____

Mail or fax to:
Minnesota Gambling Control Board
Suite 300 South
1711 W. County Road B
Roseville, MN 55113

Fax: 651-639-4043

Complaint/Allegation:

Name(s) of individual(s) involved:

Any other pertinent information:

Complainant name: _____

Phone number: _____ Email address: _____

I wish to remain anonymous: ☐

Complaints can be anonymous, but it helps the Board to know who you are and where you can be reached if more information or follow up is needed. The Gambling Control Board protects your identity under the Minnesota Data Practices Act. Your confidentiality is respected.