



RHODE ISLAND STATE POLICE



Charitable Gaming Unit

311 Danielson Pike, North Scituate, RI 02857-1907

Telephone: (401) 444-1147 · Fax: (401) 444-1097 · Website: risp.ri.gov/cgu

BINGO COMPLAINT FORM (Form SP-3)

Every charitable organization shall make available to any player or person a Form SP-3 for the purpose of making a complaint or reporting any violation of the bingo law or bingo rules and regulations. This form will also be used for any dispute involving prizes or the awarding of prizes. In any dispute involving prizes or the awarding of prizes each party involved, including the member-in-charge, shall file a complaint report (Form SP-3) noting the dispute.

This form is to consist of an original and three copies. The person making the complaint will keep a copy and turn the original with two copies in to the member-in-charge of the bingo. The member-in-charge shall also complete an SP-3. The original of each SP-3 shall be submitted to the RI State Police Charitable Gaming Unit with copies being retained by the parties. If the complainant wishes to remain anonymous, the complainant should mail the original and two copies to the RI State Police Charitable Gaming Unit.

COMPLAINANT INFORMATION

Name of Complainant: _____
Address (Street, City, State, Zip): _____
Telephone Number(s) Home: _____ Work: _____ Other: _____
Mailing Address (If different): _____

DATE AND LOCATION OF BINGO OCCASION

Location of Bingo: _____
Date of Occasion: _____ Time of Occasion: _____

IDENTITY OF WITNESS(ES)

Witness 1 - Full Name:	Relationship:
Address:	Phone #:
Witness 2 - Full Name:	Relationship:
Address:	Phone #:
Witness 3 - Full Name:	Relationship:
Address:	Phone #:

ORGANIZATION MEMBER-IN-CHARGE OF BINGO OCCASION

Name of Member-in-Charge: _____ Telephone Number: _____

NATURE OF COMPLAINT

Utilize the space below to briefly summarize the details of your complaint (use reverse if necessary)

Mail completed form to: RISP, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, RI 02857

Or fax completed form to: (401) 444-1097

Office Use Only

Date Received: _____ Assigned Complaint Number: _____ Assigned To: _____