Yuhaaviatam of San Manuel Nation
San Manuel Tribal Gaming Commission
Investigation Department

GAMING ACTIVITY DISPUTE FORM

(PRINT / WRITE LEGIBLY)

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Mailing Address: _____ Players Club #: _____

City, State, Zip: _____ Phone: ( )_____

E-Mail: _____ Phone Alternate: ( )_____

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: _____