

**Gibraltar Gambling Commissioner
Complaint Resolution Request Form.**

Suite 603, Europort, Gibraltar.

Tel: (00350) 20064145

Email: gamblingcommissioner@gibraltar.gov.gi

Gambling operators granted a gambling license by the Government of Gibraltar are required to demonstrate the highest standards of technical and professional competence, financial resilience and probity. They must conduct their licensed activities in accordance with the Gambling Act 2005 and any Codes of Practice issued by the Gambling Commissioner. This includes the proper and fair management of customer complaints.

If you wish to make a complaint about a Gibraltar gambling licence holder this form is designed to assist you in obtaining an efficient and fair resolution of your complaint. You must complete this form.

Please ensure that the form is signed and dated by you or the person making the complaint on your behalf.

If you provide any material you believe is confidential and you do not want this information disclosed to the operator, you should make this clear. We cannot guarantee that we will not disclose the information you provide; we will contact you should this be necessary.

We will liaise with the person named in this form as the Contact Person.

The form is available at the Government of Gibraltar website

<https://www.gibraltar.gov.gi/new/remote-gambling>

It should be completed electronically and sent to:

gccomplaints@gibraltar.gov.gi

The original completed form, printed and signed, should be sent to:

The Gambling Commissioner

Suite 603

Europort

Gibraltar

1. Contact Details of Complainant

Name:

Address:

Date of Birth

Telephone

Mobile

Email/Other Contact method

Designated Contact Person (if different from above)

Telephone

Mobile

Email/Other Contact method

Please advise us of any restrictions on the method or times you may be contacted.

2. Contacts with Operator or other agencies/advisors/regulators

Operator Name/Website Used

Operator account(s)/usernames(s)

Operator Staff name(s)

Telephone or email addresses used

Please identify any other agency you have raised this complaint with.

3. Nature of Complaint

Please provide details of the nature of your complaint: 'what, when, how etc.'
Please ensure you include: i) what you think the operator has done wrong,
and ii) what you think you may have done wrong. Please continue on a blank
sheet if necessary.

3. Nature of Complaint (continued)

4. Operator's Complaints Procedure

Please provide details of how you have tried to resolve this matter with the operator. Please attach all correspondence and relevant records. All documents you send must be full and clear copies, do not send poor copies or copies that have been altered or edited in any way. Please continue on a blank sheet if necessary.

5. Confidential Material

Please indicate here what material if any you do not wish us to discuss with the Operator.

6. Loss and Remedy

Please indicate here the amount you believe you have lost and what remedy you are seeking.

7. Indemnity – You must read and comply with the following section:

I hereby declare that all the information I have provided to the Gambling Commissioner is true to the best of my knowledge and complete to the best of my ability.

In signing this document I am authorising the Gambling Commissioner to liaise as necessary with any regulatory or law enforcement agency associated with this complaint, and to obtain and examine any information held by other gambling licence holders or other agencies that appears relevant to my complaint. This includes all material before and since this complaint arose.

Before signing and submitting this form, please ensure that you have read the Gambling Commissioner’s advice to users of Gibraltar licensed gambling facilities at: <http://www.gibraltar.gov.gi/new/gambling-commissioners-advice-to-complainants> as this information may answer your complaint.

Signed.....Date.....

Full Name (Print).....