



Port Gamble S'Klallam Tribal Gaming Commission

Patron Dispute Form

Personal Information

Name of Patron: _____

Address: _____

City/State/ZIP: _____

Contact Number: _____

Email Address: _____

Incident Details

Date of Incident: _____

Time of Incident: _____

Employee(s) Involved: _____

Description of Incident: (Please provide a detailed description of the incident leading to this complaint. Attach additional sheets if necessary.)

Relief Sought

(Please describe the relief or resolution you are seeking.)

Additional Evidence

Attach any additional evidence or documents supporting your complaint.
(Photos, videos, eyewitness statements, etc.)

Submission Instructions

Please submit this completed form within thirty (30) days of the incident giving rise to the complaint to:

Port Gamble S'Klallam Tribe Gaming Commission
7989 NE Salish Lane
Kingston, WA 98346

The Commission will review the petitioner's complaint at its next scheduled meeting, which is anticipated to take place within 30 days of receiving the complaint. A decision on the matter will be rendered during that meeting in a timely fashion.