

# Formal Complaint Submission Form

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## 1. Complainant Information

- Full Name:
- Address:
- City / Province / State:
- Postal Code:
- Country of Residence:
- Email Address:
- Phone Number (optional):

## 2. Player Account Details

- Name of the CGA-Licensed Casino:
- Player Account ID / Username:
- Registered Email Address (used on the casino site):

## 3. Complaint Details

Date the issue occurred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date you first contacted the casino: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Complaint (check all that apply):

☐ Deposit Issue

☐ Withdrawal Issue

☐ Bonus Terms Dispute

☐ Self-Exclusion / Responsible Gaming

☐ Game Malfunction / Result Dispute

☐ Account Closure / Suspension

☐ Other: \_\_\_\_\_

## 4. Description of the Issue

(Please provide a clear and concise explanation of what happened, including relevant dates and amounts involved.)

## 5. Resolution Sought

(Explain what resolution you are requesting from the casino.)

## 6. Declaration and Consent

I confirm that the information provided in this complaint is accurate to the best of my knowledge. I understand this complaint may be reviewed as part of compliance oversight by the Curaçao Gaming Authority.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_