

Make a complaint about a licensed gambling provider

Use this form to make a complaint or to provide us with general information or intelligence about something that has happened, or might happen in relation to a gambling provider licensed or authorised to operate in South Australia.

You can submit this form anonymously if you need to. If however you want us to keep you informed about the results of our investigations, we need your contact details. This will also help us to contact you if we require further details about your complaint.

Complainant details

1. Applicant

2. Contact details for enquiries

Name

Phone

Mobile

Fax

Email

3. Address

Number

Street

Suburb/Town

Postcode

Gambling provider details

4. Premises name

5. Licence number (if known)

6. Address

Number

Street

Suburb/Town

Postcode



Details of Complaint / Incident / Information

7. What is your complaint / incident / information about?

- | | | |
|---|---|--|
| <input type="checkbox"/> Skycity Adelaide Casino | <input type="checkbox"/> Gaming Machines (Pokies) | <input type="checkbox"/> Wagering (incl TAB) |
| <input type="checkbox"/> Advertising / Promotions | <input type="checkbox"/> Underage Gambling | <input type="checkbox"/> Loyalty Programs |
| <input type="checkbox"/> Gaming Dispute | <input type="checkbox"/> Code of Practice | |
| <input type="checkbox"/> Other: _____ | | |

8. Where did the incident happen?

- | | | |
|---|---|--|
| <input type="checkbox"/> Inside a licensed venue | <input type="checkbox"/> Outside a licensed venue | <input type="checkbox"/> On the Internet |
| <input type="checkbox"/> On Social Media | <input type="checkbox"/> On Television | <input type="checkbox"/> On Radio |
| <input type="checkbox"/> At Skycity Adelaide Casino | <input type="checkbox"/> At a Racing Club | <input type="checkbox"/> At a TAB Outlet |
| <input type="checkbox"/> Other: _____ | | |

9. What date and time did the incident happen?

Date: _____ Time: _____

10. Is the incident ongoing?

☐ Yes ☐ No

11. In what role are you reporting this incident?

- | | | |
|--|--|--|
| <input type="checkbox"/> Member of the public | <input type="checkbox"/> Nearby business owner | <input type="checkbox"/> Licensee or Manager |
| <input type="checkbox"/> Employee of the venue / gambling provider | | |
| <input type="checkbox"/> Other: | | |

12. Has this incident been reported to another agency or person?

☐ Yes ☐ No

If YES, name of agency / person: _____

13. Do you consent to CBS releasing your details to the person or gambling provider that you are making a complaint or providing information about?

☐ Yes ☐ No

Applicant's signature

Date

Tell us what happened

On the next page provide us with the details of your complaint, incident or information that you would like to report to CBS about a licensed gambling provider.

14. Details of Complaint / Incident / Information**What to do next**

Lodge this form with Consumer and Business Services by email or post. There are no fees to lodge a complaint with CBS.

Email: liquorandgaming@sa.gov.au

Post: Consumer and Business Services
Liquor and Gaming
GPO Box 2169
ADELAIDE SA 5001