



Authorized Participant Complaint Form

The Michigan Lawful Internet Gaming Act, Michigan Lawful Sports Betting Act and Rules R 432.641/R 432.653 and R 432.741/R 432.753 require an internet gaming operator, internet gaming platform provider, sports betting operator or internet sports betting platform provider (operator or platform provider) to include on its internet gaming platform or internet sports betting platform a clear mechanism to advise authorized participants of their right to make a complaint against the internet gaming operator, internet gaming platform provider, sports betting operator, internet sports betting platform provider or another authorized participant (when collusion is suspected or when an authorized participant is disruptive or abusive), including information explaining how complaints can be filed, how complaints are resolved, and how the authorized participant may submit a complaint to the Michigan Gaming Control Board (Board).

An authorized participant that has a complaint with an operator or platform provider **MUST FIRST FILE A WRITTEN COMPLAINT WITH THE RELEVANT OPERATOR OR PLATFORM PROVIDER.** The operator or platform provider must investigate the complaint and provide a written response to the authorized participant within 10 calendar days after receipt of the complaint. The operator's or platform provider's response must advise the authorized participant of his or her right to submit the complaint to the Board. If the complaint is not resolved to the satisfaction of the authorized participant after all reasonable means to resolve the complaint with the operator or platform provider have been exhausted, the authorized participant may file the complaint with the Board.

To file an unresolved complaint with the Board, please complete the attached form and submit it electronically or mail it to the following address:

Michigan Gaming Control Board
3062 West Grand Blvd., Suite L-700
Detroit, MI 48202-6062
Telephone: (313) 456-4100
or email to MGCB-IGaming-PatronDispute@michigan.gov

Authorized participants will receive notification the Board received their Authorized Participant Complaint Form. Upon receipt of a complaint, the Board may conduct any investigation the Board considers necessary and may direct an operator or platform provider to take any corrective action the Board considers appropriate.

Authorized Participant Information

Full name (First, Middle, Last)

Home Address

City

State

Zip / Postal Code

Phone Number

Business Phone Number

Email Address

Incident Information

Date of Incident

Time of Incident

Complaint Type (choose one)

Operator/Platform Provider

Account Number

Screen/Username Used

Ticket or complaint number from operator or platform provider (if applicable)

Please provide a summary of the incident or complaint to the best of your knowledge. Include any statements which you made to operator or platform provider personnel.

Summary of Response: (Describe in detail any attempt(s) to resolve your complaint, including any actions taken by the operator or platform provider. Please attach a copy of the written complaint you filed with the operator or platform provider and the written response you received from the operator or platform provider.)

Authorized Participant Signature

Date