



STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF GAMING ENFORCEMENT

INTERNET GAMING DISPUTE FORM

COMPLAINANT:

Name:

Physical Address: 1 Physical Address: 2

City: State: Zip Code:

Telephone #: E-Mail Address:

Player/User ID:

Website Address:

Nature (Type) of Complaint:

Date of Original Complaint to Operator:

Date of Response from Operator:

I certify that the above information is true and accurate to the best of my knowledge:

Initials: Date:

ANY SUPPORTING DOCUMENTATION TO THIS DISPUTE MUST BE ATTACHED AS PART OF THE EMAIL PRIOR TO SENDING.

Please **do not** submit any Personally Identifiable Information (PII) via email. PII Includes:

- Social Security, driver's license or passport numbers
- Date of Birth
- Bank/financial account or credit/debit card numbers
- Passwords or authentication credentials

To submit this form please save and email it to info@njdge.org