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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

BINGO COMPLAINT FORM

L-3016 (Rev. 1/15/16) 4437

NAME OF BINGO
NAME OF CHARITY (if known)
ADDRESS OF GAME
DATE GAME PLAYED
NATURE OF COMPLAINT (Please give as many details and be as specific as possible including names of employees, number of games, names of programs, etc.)
Do you wish to be contacted?
Telephone Number ()
Best Time To Call

Note: You <u>must</u> include your name and number if you'd like for someone to contact you. In addition, please note the best time between 8 A.M. and 5 P.M. Monday through Friday you wish to be contacted. You may also submit this form via fax to (803) 896-0130 or by calling (803) 898-5393. You may email at **bingo@dor.sc.gov**.