



## COMPLAINT SUBMISSION FORM

Please complete all sections clearly. If submitting this form manually, please email the completed version to **csf@luckera.casino**

|                                    |                                                                                                                                                                                                                                                               |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name:                         |                                                                                                                                                                                                                                                               |
| Residential Address:               |                                                                                                                                                                                                                                                               |
| Email Address:                     |                                                                                                                                                                                                                                                               |
| Player Account ID/Login:           |                                                                                                                                                                                                                                                               |
| Date of Complaint:                 |                                                                                                                                                                                                                                                               |
| Date of Incident / Disputed Event: |                                                                                                                                                                                                                                                               |
| Description of the Complaint:      |                                                                                                                                                                                                                                                               |
| Category (if applicable):          | <input type="checkbox"/> Deposit issue<br><input type="checkbox"/> Withdrawal issue<br><input type="checkbox"/> Bonus terms<br><input type="checkbox"/> Account restriction<br><input type="checkbox"/> Responsible gaming<br><input type="checkbox"/> Other: |
| Supporting Documents Attached:     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                   |

This form is provided in compliance with Article 5.3 of the National Ordinance on Games of Chance (LOK) and the Curaçao Gaming Authority (CGA) Complaints Policy Guidelines.