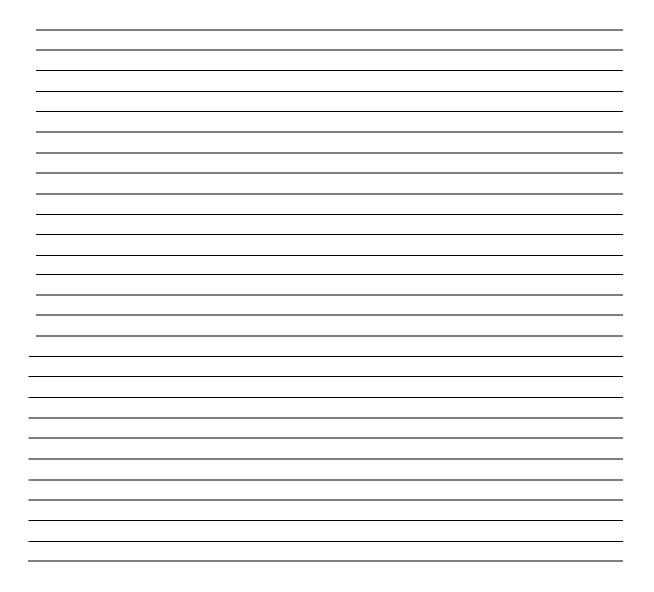


## ENTERPRISE RANCHERIA COMMERCIAL REGULATORY COMMISSION PATRON DISPUTE/COMPLAINT FORM

Date of Incident: /	1	Time of Incident:	(am / pm)
Your name:			
(Last)		(First)	(Middle)
Home Address:			
Phone number:			
Where incident occurred:			
Employees Involved:			
First Name	Last Name		
Witness (es):			
First Name Last Name	Address	Phone#	email



Describe in as much detail as possible where you were when the dispute or incident took place.





rint Name:		_
		-

Signature: \_\_\_\_\_ Date: \_\_\_\_\_