1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

# BINGO COMPLAINT FORM

**L-3016**
(Rev. 5/19/09)
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?** ☐ **Yes** ☐ **No**

**Your Name** _____

**Telephone Number (  )** _____

**Best Time To Call** _____

Note: You must 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 803-898-5811, email to schwara@sctax.org, or by calling 803-898-5393.

44371011