Washington State Gambling Commission

Report A Violation Form

Information about the Establishment:

*Business Name:

Address:

*City:

Information about the alleged violation:

*Please describe the violation:

Date:

Time:

Information about you (optional - if you want to be contacted):

Name:

Telephone:

E-Mail:

Any further comments that may be useful in contacting you (if you elect to be contacted):

***Required information to process this violation form**

Submit by Email

Print Form