



State Form 55495 (2-14)

Indiana Horse Racing Commission

Complaint

Use this form to submit a written complaint about any alleged violations of the Commission's enabling statute or administrative rules.

OFFICE USE ONLY

Date Complaint
Received (mm/dd/yy):

Complaint Reviewed by:

Full Name

1. Permanent Address

<hr/>		
<i>Street Address (number and street)</i>		
<hr/>	<hr/>	<hr/>
<i>City</i>	<i>State</i>	<i>ZIP</i>

2. Telephone Numbers

<hr/>	<hr/>	<hr/>
<i>Home</i>	<i>Cell</i>	<i>Business</i>

3. Email Address

<hr/>

4. Who is your Complaint against?

<hr/>		
<i>Name of Individual or Company</i>		
<hr/>		
<i>Street Address of Individual or Company Above (number and street)</i>		
<hr/>	<hr/>	<hr/>
<i>City</i>	<i>State</i>	<i>ZIP</i>

5. List or describe the Indiana Horse Racing Commission rule or law you believe has been violated:

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6. Describe your complaint in detail including all relevant facts and circumstances to support the alleged violation(s). Attach additional pages if necessary. *Please print clearly or type*

7. Please list information on any individual(s) who have personal knowledge regarding the alleged violation(s): Attach additional pages if necessary. *Please print clearly or type*

<hr/>			<hr/>		
<i>Name of Witness</i>			<i>Name of Witness</i>		
<hr/>			<hr/>		
<i>Street Address of Witness (number and street)</i>			<i>Street Address of Witness (number and street)</i>		
<hr/>			<hr/>		
<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>

My signature below certifies that the information provided in this document is, to the best of my knowledge, truthful and accurate.

<hr/>	
<i>Signature</i>	<i>Date (mm/dd/yy)</i>

Please return your completed form to our office using one of the options below:

Mail completed form to:

Indiana Horse Racing Commission
ATTN: General Counsel
1302 N Meridian St, Suite 175
Indianapolis, IN 46202
drothenberg@hrc.in.gov
317-233-4470

Email completed form to:

Fax completed form to: