



State Form 55495 (2-14)

Indiana Horse Racing Commission

Complaint

OFFICE USE ONLY

Date Complaint Received (mm/dd/yy):

Complaint Reviewed by:

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

Full Name

1. Permanent Address

Street Address (number and street)

City *State* *ZIP*

2. Telephone Numbers

Home *Cell* *Business*

3. Email Address

4. Who is your Complaint against?

Name of Individual or Company

Street Address of Individual or Company Above (number and street)

City *State* *ZIP*

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

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*

_____	_____
<i>Name of Witness</i>	<i>Name of Witness</i>
_____	_____
<i>Street Address of Witness (number and street)</i>	<i>Street Address of Witness (number and street)</i>
_____	_____
<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.

_____	_____
<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: Executive Director
1302 N Meridian St, Suite 175
Indianapolis, IN 46202**
- Email completed form to: **dpitman@hrc.in.gov**
- Fax completed form to: **317-233-4470**