



Bureau of Gambling Control - Incident Report Form

ESTABLISHMENT INFORMATION

Gambling Establishment:

Establishment Address:

Reported By (*full name*):

Title:

Date of Report:

Reporter Daytime Telephone Number:

E-Mail Address:

INCIDENT INFORMATION

Date of Incident:

Time of Incident:

Type of Incident:

SUBJECT/SUSPECT INFORMATION

First Name:

MI:

Last Name:

Date of Birth:

CA Driver's License or Other Identification Number:

Address:

LAW ENFORCEMENT AGENCY INFORMATION

Was a Law Enforcement Agency Notified?

Yes

No

If yes, please provide case number:

Date Reported:

Agency Name:

Evidence Provided:



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DESCRIPTION OF INCIDENT INFORMATION

Detailed Description of the Incident/Event *(If additional space is needed, please attach a separate sheet of paper):*

SUBMIT TO:
Department of Justice
Bureau of Gambling Control
Criminal Intelligence Unit
PO Box 168024
Sacramento CA 95816
Phone: (916) 830-1700
BGCCIU@doj.ca.gov

NOTE: List any additional subjects/suspects and witness information on separate report forms. This form was created for the sole purpose of reporting incidences pursuant to Section 12395 subsection (3) of the California Code of Regulations. Completion of this form is not mandatory and should not be used to report Self-Exclusion or Self-Restriction incidences.

PRIVACY NOTICE

This information requested on this form is being requested by the State of California, Department of Justice (DOJ), Division of Law Enforcement (DLE), Bureau of Gambling Control (BGC), for the purpose of enhancing DOJ's intelligence databases for crime statistics and trends. The maintenance of the information collected on this form is authorized by CCR, Title 4, Div 18, section 12395 (a)(3). All information requested on this form is mandatory. Failure to provide the requested information may result in disciplinary action. Information may be disclosed to law enforcement or regulatory agencies for investigating unlawful activity, or for licensing or regulatory purposes.

Pursuant to Civil Code section 1798.30 et seq., individuals have the right [with some exceptions] to access records containing the personal information about themselves that are maintained by the agency. The BGC is the agency official responsible for the system of records that maintains the information provided on this form. For more information regarding the location of your records and the categories of any persons who use the information in those records, you may contact the Special Programs/BGC/Criminal Intelligence Unit, Department of Justice at P. O. Box 168024, Sacramento, CA 95816 or via telephone at (916) 830-1700