

COMPLAINT RESOLUTION REQUEST FORM

Nov 2008

Guidelines for Parties Requesting Formal Complaint Resolution Intervention

1. To expedite resolution of your complaint via our formal complaint resolution process may we ask you to fully comply with the prescribed format attached.
2. Please ensure that the request for complaint resolution is signed and dated.
3. Particular attention should be paid to ensuring that where confidential information is provided in support of this request that such information is clearly marked and contained in a separate annex to this document.
4. The contact name provided will normally be the only contact used by this office for the duration of the process. Should this contact name be changed the onus is on the complainant to inform the GRA of this in writing.
5. Requests for formal complaint resolution should be addressed to:

Gibraltar Regulatory Authority
Gambling Division
Complaints
Suite 603 Europort
Gibraltar

Or

Via e-mail to gambling@gra.gi

6. The GRA reserves the right to deal with any request for assistance on a complaint in a manner which is outside the formal complaint procedure provided for in the GRA Complaint Resolution Procedure Document. Complainants will be informed prior to any such complaint resolution procedure.

1. Contact Details of Complainant

Name and address:

Designated Contact
Person (if applicable):

Telephone Number:

Fax Number:

E-mail Address:

2. Contact Details for Respondent

Name and business address:

Your Contact Person
within Company:

Telephone Number:

Fax Number:

E-mail Address:

6. Confidential Material

It is the policy of this office to forward copies of any complaint to the respondent for its comments. Please indicate what material, if any, you consider confidential and this office will withhold it from any correspondence forwarded to the respondent. The GRA wishes to draw your attention to the fact that this may slow down the resolution of the complaint and that some material marked as confidential may be intrinsic to the complaint.

7. Remedy Required

Please indicate what action you require in order to resolve this complaint to your satisfaction.
