



# ACT THOROUGHBRED RACE FIELD INFORMATION USE

## Minimum Bet Limit Complaint Form

### Personal Details

Select List

First name \*

Family name \*

Address \*

Email

Telephone\*

### Betting Account Details

Name of Approved Australian Wagering Operator \*

Betting Account Name/Number/ID

### Nature of Complaint

What is the nature of \* your complaint? (e.g. refusal to accept fixed odds bet, account closed, refusal to open account, restrictions placed on account). Please select:

- Refusal to accept a fixed odds bet
- Refusal to open an account
- Account closure
- Restriction placed on my account
- Others

Please provide details of the contact made with the Wagering Operator and the outcome of your inquiry and include reasons given.

**Bet Details (complete if your complaint relates to refusal to accept a fixed odds bet)**

Date (dd/mm/yyyy)

Race Number

Details of Bet: include Horse Number and Name: Stake and Price

How was bet placed?

Was the Bet a Bet Back (only applies to bets transacted between Wagering Operators)?

Time the bet was Placed (hh:mm:ss am/pm)

Time the bet was Rejected by the Approved Australian Wagering Operator (hh:mm:ss am/pm)

**Attachments and Other Information**

- Please list any other documents that may assist in our investigation and attach copies of those documents to this form. This should include any written communication to/from the Approved Australian Wagering Operator.
- Please specify and attach a copy of one form of photo identification to this form. (Driver's Licence, Passport)

