



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)

