



**PATRON DISPUTE
NOTICE OF CLAIM**
Please Print All Information

**Submit completed form to: Dry Creek Gaming Commission, RE: River Rock Casino Claim,
1550 Airport Blvd. Ste. 120, Santa Rosa, CA 95403**

PERSONAL INFORMATION:

Full Name: _____ Phone Number: _____

Home Address: _____

Player's Club Number or Driver's License Number and State Issued: _____

Date of Birth: _____ Social Security Number: _____

I did did not report that incident to a River Rock Casino Employee: if yes, employee's name and/or department: _____

INCIDENT INFORMATION (Incident location, slot machine number, table game location, date and time):

Describe the incident (what happened, action taken, names of employees involved, witnesses to the incident, and any other information that may assist in the investigation): _____

(Attach additional pages, if necessary)

DISPUTED AMOUNT:

As a result of this incident, I dispute the amount of _____.

To the best of my knowledge, the above information is true and accurate.

Signature of Claimant

Date Signed

River Rock Casino is an Indian gaming enterprise solely owned and operated by the Dry Creek Band of Pomo Indians, a federally recognized Indian tribe and sovereign governmental agency. This form is provided solely to assist you in filing a claim, and does not imply any liability on the part of River Rock Casino, the Dry Creek Gaming Commission, The Dry Creek Tribe, or any other individual or entity of the Tribe. Contact the Gaming Commission (above) for forms or more information.

For Official Use Only:

Date Received: _____

Revised:04/21/2016

Claim Number: _____