

COMPLAINT SUBMISSION FORM

Full Name:	
Identification (ID or Passport number)	
Residential Address (full address and country):	
Account Number: (Completed by Company)	
Date of Complaint:	
Date of Disputed Event:	
Category of Complain	☐ Responsible Gambling Matters ☐ Marketing and Communication ☐ Deposits and Spending Limits ☐ Verification and Player Protection ☐ Customer Support Experience ☐ Fairness and Transparency ☐ Other (please specify):
Details:	

Disputed Amount (if applicable):	
Record Type: Select N - For the submission of a new complaint. Select U - For the submission of an existing complaint or linked complaint to a previous one	☐ New Complaint - For the submission of a new complaint. ☐ Existing / Updated Complaint - For the submission of an updated complaint which was submitted in previous period. If you select U please confirm the reference number of the previous complaint: _____

Important Notifications:

The Complaint Submission Form must be delivered to complaints@medialnv.com.