ARIZONA DEPARTMENT OF RACING
COMPLAINT ACCEPTANCE/DISPOSITION

COMPLAINT NO.

COMPLAINANT NAME OR: ☐ ANONYMOUS	COMPLAINTS AGAINST: _____ ☐ EMPLOYEE ☐ DEPARTMENT ☐ TRACK ☐ OTB ☐ OTHER NATURE OF COMPLAINT			
RESIDENTIAL STREET ADDRESS	CITY,STATE,ZIP			RESIDENCE PHONE
ADOR LICENSE #	SEX ☐ FEMALE	☐ MALE	☐ UNKNOWN	BIRTHDATE (MO/DAY/YR)
EMPLOYER NAME	ADDRESS,CITY,STATE,ZIP			PHONE
WITNESS NAME	ADDRESS,CITY,STATE,ZIP			PHONE
WITNESS NAME	ADDRESS,CITY,STATE,ZIP			PHONE
DATE/TIME OF INCIDENT	INCIDENT LOCATION			
DATE/TIME REPORTED	METHOD COMPLAINT FILED			
REPORT TAKEN BY:	TITLE	☐ TRACK _____	☐ MAIN OFFICE	

COMPLAINT DETAILS (List all allegations - be specific; also list other employees involved, ID numbers, classifications & vehicle descriptions; also list other complainant's names, addresses & phone numbers.)

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By signing below I attest that the information submitted on this complaint form is accurate and true to the best of my knowledge and that I have filed the complaint of my own free will and accord.

Complainant Signature	DATE:

ADR 009 (Rev 2/97)

CONFIDENTIAL INFORMATION - DO NOT REPRODUCE ANY PORTION OF THIS REPORT

COMPLAINT DETAILS (continued)

COMPLAINT REPORT FORWARDED TO:	DATE
COMPLAINT ASSIGNED TO:	DATE
COMPLAINT INVESTIGATION COMPLETED:	DATE

COMPLAINT: ☐ SUBSTANTIATED ☐ UNSUBSTANTIATED (IF SUBSTANTIATED, COMPLETE NEXT SECTION)

ACTION TAKEN:

COMMENTS (Observe the complainant's physical and emotional condition at the time the complaint is taken. Note here such conditions as intoxication, physical injury, etc.)

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