

**LEGENDARY WATERS RESORT & CASINO SUSPECTED
COMPLIANCE VIOLATION FORM**

Please complete all of the following information:

Today's Date: _____ Date(s) of Suspected Violation(s): _____

Name of Individual/Department alleged to have committed the suspected violation:

Description of suspected violation. (Please be as specific as possible).

What is the compliance regulation(s) that you believe have been violated (Please be as specific as possible).

Has this suspected violation been previously reported to anyone? If yes, to whom and when?

The Red Cliff Band of Lake Superior Chippewa does not tolerate retaliation or retribution against any individual who makes good-faith reports of potential or suspected violations. All information received is considered strictly confidential and is submitted directly to the Red Cliff Gaming Commission for investigation.

***** **OPTIONAL INFORMATION** *****

Name: _____ Position: _____

Email: _____ Telephone: _____

Note: This information is not required for an investigation to be conducted. However, if additional information is needed, this information would be helpful.