

**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.