

COMPLAINT SUBMISSION FORM

Please complete all sections clearly. If submitting this form manually, please email the completed version to CSF@fireball.casino

Full Name:	
Residential Address:	
Email Address:	
Player Account ID/Login:	
Date of Complaint:	
Date of Incident / Disputed Event:	
Description of the Complaint:	
Category (if applicable):	<input type="checkbox"/> Deposit issue <input type="checkbox"/> Withdrawal issue <input type="checkbox"/> Bonus terms <input type="checkbox"/> Account restriction <input type="checkbox"/> Responsible gaming <input type="checkbox"/> Other:
Supporting Documents Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

This form is provided in compliance with Article 5.3 of the National Ordinance on Games of Chance (LOK) and the Curaçao Gaming Authority (CGA) Complaints Policy Guidelines.