| Office Use Only | | |
|---|---|---|
| Date Recd. | Recd. By | Log No. |
| | | |

# COMPLAINT

**Texas Racing Commission**
8505 Cross Park Drive, #110
Austin, TX 78754-4594

Phone 512-833-6699
Fax 512-833-6907
www.txrc.state.tx.us

- This document constitutes a formal complaint against a Texas Racing Commission licensee for a violation of the Texas Racing Act or a Commission rule.
- It may result in disciplinary action being taken against the licensee.
- The information provided should be accurate and subject to verification by the Commission.
- A licensee who files a false complaint is subject to disciplinary action by the Commission.

Please print or type the information below. Answer all questions completely. An incomplete form will not be processed.

## Information regarding the licensee committing the violation

| 1a. First Name | 1b. Last Name | 1c. TxRC License # |
|---|---|---|
| 2. Address - If known (Street, City, State, Zip) | 3. Telephone Number ( ) | 4. Fax Number ( ) |

| 5. Rules Violated: | § | § | § | § | § | § |
|---|---|---|---|---|---|---|

6. Please describe the facts and circumstances of the violation. Be as specific as possible, giving names, addresses and dates if possible. Attach an additional page if necessary.

## Complainant Information (Omit if you wish to remain anonymous)

| 1a. First Name | 1b. Last Name | 1c. TxRC License # |
|---|---|---|
| 2. Address (Street, City, State, Zip) | 3. Telephone Number ( ) | 4. Fax Number ( ) |
| 5a. Signature | | 5b. Date |