

Incident Report Form

CGCC-CH7-08 (New 08/22)
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BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM TO:
 BUREAU OF GAMBLING CONTROL
 ATTN: Criminal Intelligence Unit
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 830-1700

OR

EMAIL COMPLETED FORM TO:
 BGCCIU@doj.ca.gov
 Subject: Incident Report Submittal

I Request All Communication Be Via Email

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

Complete this form to notify the Bureau of Gambling Control (Bureau) of an incident (as required in Title 4, CCR, Sections 12282 and 12395).

Please complete sections 1, 2, 3, 4, and 8. Additionally:

- When reporting an incident as required in Title 4, CCR, Sections 12282(a)(1) or 12395(a)(4), please also complete sections 5, 6 and 7 with the best information available.
- When reporting the status of an employee’s local approval as required in Title 4, CCR, Sections 12282(a)(2) or 12395(a)(4)(C)3., please also complete the first two lines of section 5 and section 6.
- When reporting an arrest as required in Title 4, CCR, Sections 12282(a)(3) or 12395(a)(4)(C)2., please also complete the first two lines of section 5 and section 6.

All information must be typed or printed legibly in blue or black ink. If additional space is needed, please note response on a separate sheet of paper and attach to the form. For any unavailable information that is required to be completed, must indicate “unknown”.

SECTION 1: OWNER CATEGORY LICENSEE INFORMATION	
TYPE OF LICENSE	
<input type="checkbox"/> CARDROOM BUSINESS LICENSE	<input type="checkbox"/> TPPPS BUSINESS LICENSE
OWNER CATEGORY LICENSEE NAME	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	

SECTION 2: REPORTER INFORMATION		
FULL NAME: LAST	FIRST	MIDDLE
PRIMARY TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS
JOB TITLE	LICENSE NUMBER	DATE COMPLETING FORM

SECTION 3: ALTERNATIVE PREFERRED CONTACT		
Please note: The Bureau may still contact the reporter provided in Section 2, if necessary.		
FULL NAME: LAST	FIRST	MIDDLE
PRIMARY TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS
JOB TITLE	LICENSE NUMBER	

SECTION 4: INCIDENT INFORMATION		
DATE OF INCIDENT	TIME OF INCIDENT	TYPE OF INCIDENT (E.G., "THEFT")
DETAILED DESCRIPTION OF INCIDENT		

SECTION 5: SUSPECT INFORMATION			
FULL NAME: LAST		FIRST	MIDDLE
PRIMARY TELEPHONE NUMBER		BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER		STATE	EXPIRATION DATE (MM/DD/YYYY)
DATE OF BIRTH	RACE/ETHNICITY	GENDER	
DISTINGUISHING MARKS (SUCH AS VISIBLE SCARS OR TATTOOS – DESCRIBE MARK & LOCATION)			
MAKE AND MODEL OF VEHICLE		LICENSE PLATE NUMBER	

SECTION 6: EMPLOYEE INFORMATION			
If the suspect identified in section 5 is an employee or independent contractor for the cardroom business licensee or TPPPS business licensee, complete this section.			
<input type="checkbox"/> EMPLOYEE		<input type="checkbox"/> INDEPENDENT CONTRACTOR	
WORK PERMIT NUMBER, CARDROOM EMPLOYEE LICENSE NUMBER, TPPPS EMPLOYEE LICENSE NUMBER, OR FINDING OF SUITABILITY NUMBER, AND ISSUING AGENCY			
PRIOR TO THE SUBMITTAL OF THIS INCIDENT REPORT, WAS THE EMPLOYEE RELATIONSHIP TERMINATED, IN WHOLE OR IN PART, AS A RESULT OF THIS INCIDENT?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION 7: LAW ENFORCEMENT AGENCY INFORMATION

Please provide all available information

WAS A LAW ENFORCEMENT AGENCY NOTIFIED?

Yes

No

IF YES, PLEASE PROVIDE A CASE NUMBER

DATE REPORTED

AGENCY NAME

EVIDENCE PROVIDED:

SECTION 8: ADDITIONAL RELATED DOCUMENTATION

PLEASE LIST ANY ADDITIONAL DOCUMENTATION THAT MAY EXIST IN CONNECTION WITH THE REASONABLY SUSPECTED VIOLATION OR INCIDENT. INCLUDING ADDITIONAL INFORMATION WHEN SUBMITTING THE INCIDENT REPORT IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE ANY SUPPORTING DOCUMENTATION MAY DELAY THE INVESTIGATION OF THE INCIDENT.

MARK THE BOX NEXT TO EACH ITEM TO INDICATE THAT IT EXISTS.

INTERNAL SECURITY REPORT

SECURITY FOOTAGE

OTHER (PLEASE SPECIFY):

SECTION 9: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.

City and State

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

This form must be signed by the person identified in Section 2