TICKET HOLDER PROTEST FORM

This form is intended solely for the use of consumers who wish to register a complaint or protest regarding the purchase or current holding of Hoosier Lottery tickets. This form should be used only if the issue has not previously been resolved in an informal manner. Please note that Indiana Code 4-21.5 applies to the State Lottery Commission of Indiana’s decision making process.

Mail to: Or, e-mail to:

Hoosier Lottery
Attn: Ticket Protests
1302 N. Meridian St.
Indianapolis, IN 46202

TicketHolderProtests@hoosierlottery.in.gov

Instructions:

• Please print or type. You must fill out the entire form. If you are using a computer and using Adobe Reader software, you may complete the PDF form by clicking “Fill and Sign” at the top of the document, then select “Add Text” below that, then click in each of the information fields to start typing.

• If applicable, please mail the original ticket(s) in question. We suggest that you maintain a copy of this form and all attachments for your records.

• No action will be taken on transactions occurring more than one year prior to date of compliant.

• Proposing a remedy does not guarantee that the proposed remedy will be accepted.

• In most cases, protests will be responded to within four (4) weeks of receipt of the protest form, although the Lottery cannot guarantee a specific timeframe.

Date of Complaint: ____________________________

Name of Game: ____________________________

Date of Purchase: ____________________________

Ticket number(s): ____________________________

Name: ____________________________

Last name              First name

E-Mail Address (optional): ____________________________

Address: ____________________________

City: ____________________________ State: ____________________________

Zip Code: _______________ Phone Number: ____________________________
Where was the ticket purchased? (List name of store, city or location)
________________________________________________________
________________________________________________________

Total number of tickets purchased at time of ticket in question: ____________________________

Details of Complaint
________________________________________________________
________________________________________________________
________________________________________________________
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Proposed Remedy and/or Suggestions
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