

**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.*

**Mail to:**

Hoosier Lottery  
Attn: Internal Auditor  
1302 N. Meridian St.  
Indianapolis, IN 46202

**Instructions:**

- You must fill out the form;
- Please print;
- Please attach the original ticket in question, and maintain a copy for your records;
- 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 complaint;
- **Proposing a remedy as requested does not guarantee that said remedy will be accepted.**

Date of Complaint: \_\_\_\_\_

Name of Game: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Ticket number(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Last name First name

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 questions: \_\_\_\_\_

Details of Complaint:

---

---

---

---

Proposed remedy:

---

---

---

---

**FOR LOTTERY USE ONLY**

Date received:

---

Date of postmark on envelope: (staple envelope to this form) \_\_\_\_\_

Forwarding information: (initial and date)

Forwarded to: \_\_\_\_\_ Dept. Manager: \_\_\_\_\_

Initials of reviewer: \_\_\_\_\_ Date Received: \_\_\_\_\_

Outcome of Review:

---

---

---

---

Approved by Executive Director:

---

Please attach a copy of letter sent to customer to this form.