



**In the event of a dispute between a Patron and the Gaming Enterprise regarding the payment of a wager or distribution of winnings, the Patron may make a claim against the Gaming Enterprise**

- o The Patron shall submit a written prize claim notice to the Gaming Enterprise.
- o In the event of a prize claim dispute, the claimant shall have five (5) days from the date the claim was denied to file the prize claim with the Commission for review. Failure to file the prize claim during such five (5) day period shall forever bar such prize claim against the Gaming Enterprise.
- o The Commission shall promptly review, investigate, and make a determination regarding the prize claim. A hearing may be conducted.
- o Any portion of the prize claim which remains unresolved after thirty (30) days from the date of filing with the Commission shall be deemed denied if the Commission fails to notify the claimant in writing of its decision within such thirty (30) day period.
- o To appeal the Commission's decision, the claimant must file an appeal with the Tribal Court no later than thirty (30) days after the Commission's decision or constructive denial.
- o No prize claim shall be entitled to a monetary award in excess of the available prize.

# PATRON CLAIM FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

PAC Number: \_\_\_\_\_

## EVENT INFORMATION

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness(es) \_\_\_\_\_

What solution are you seeking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

## PERSONNEL RESPONSIBLE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 12 TRIBES LAKE CHELAN CASINO

455 WAPATO LAKE ROAD | MANSON, WA 98831 | 509.687.6911

### 12 TRIBES OMAK CASINO HOTEL

28968 HIGHWAY 97 | OMAK, WA 98841 | 509.422.4646

### 12 TRIBES COULEE DAM CASINO

515 BIRCH STREET | COULEE DAM, WA 99116 | 509.633.0766



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**Any Patron having a claim against the Gaming Enterprise for personal injury or property damage must present that claim to the Gaming Enterprise**

- o The Patron shall submit a written injury claim notice to the Gaming Enterprise immediately following the event giving rise to the claim and prior to exiting the premises.
- o If, due to the circumstances, the Patron is unable to file such claim on the date of the alleged incident, the patron or the patron's representative must file the claim within two (2) years of the date of the alleged injury or damage. Failure to file the claim during such two (2) year period shall forever bar such claim against the Gaming Enterprise.
- o The Gaming Enterprise shall make a determination regarding the claim within thirty (30) days.
- o A formal notice of denial shall be sent to the claimant by registered mail within one hundred sixty (160) days.
- o To appeal the Gaming Enterprise's denial of a claim or any portion thereof, the claimant must file an appeal with the Tribal Court no later than thirty (30) days after the Gaming Enterprise's decision or constructive denial.
- o The Tribal Court shall have exclusive jurisdiction to adjudicate a claim by a Patron for personal injury or property damage provided for herein, but only if:
  - The purported injury occurred on the premises of a Gaming Facility
  - The claimant has filed a timely and valid notice of claim as provided herein
  - The claimant has followed all required procedures pursuant to the Tribes' laws
  - The Gaming Enterprise has denied the claim
  - The claimant has filed an appeal with the Tribal Court no later than thirty (30) days after the date on which the claim was denied by the Gaming Enterprise
- o Failure to file an appeal denying a claim for personal injury and/or property damage within thirty (30) days of the date of denial will forever bar such claim against the Gaming Enterprise.
- o The Tribes' laws shall govern every claim brought pursuant to this Chapter.

# PATRON CLAIM FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

PAC Number: \_\_\_\_\_

## EVENT INFORMATION

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness(es) \_\_\_\_\_

What solution are you seeking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

## PERSONNEL RESPONSIBLE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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