

# Minimum Bet Limit Complaint Form

Customers / Punters who believe that a wagering operator has wrongfully refused their bet or excluded them in contravention of the minimum bet limit condition should contact the wagering operator to ascertain the reason for the refusal or exclusion. If the punter remains unsatisfied with the reason provided by the wagering operator, they will be directed to lodge a formal complaint and details of the bet with Harness Racing New South Wales form within 14 days of the refused bet.

HRNSW cannot accept your complaint if all the details below are not completed in full. We will contact you within 7 business days to acknowledge receipt of your complaint.

Details of HRNSW Minimum Bet Liability Limit Policy are available on this website.

## PERSONAL DETAILS

Full Name\*

Address\*

State\*

Country\*

Email\*

Telephone\*

# Betting Complaint Details

Name of Wagering Service Provider (WSP)\*

Account Number/ID\*

What is the nature of your complaint\*

# Bet Details (if complaint relates to a refusal to accept a fixed odds bet)

Date of Race

DD/MM/YYYY

Venue (Track Name)

Race Number

Horse Name / Runner Number

Time the bet was attempted to be placed with the wagering operator

Time the bet was rejected by the wagering operator

How was the bet paced or attempted to be placed

Internet, Mobile, App

## Acknowledgements & Agreement

### I acknowledge & agree that (please tick):

- I have read the HRNSW Minimum Bet Limit Policy & FAQ
- The approved WSP has not complied with the bet limits, and I have not breached any of the exclusions as outlined in the HRNSW Minimum Bet Policy
- The approved WSP has not previously refused to accept a Relevant Fixed Odds Bet from me, establish an account or place restrictions on me
- HRNSW may provide any relevant information provided by the Complainant to approved WSP's
- The HRNSW Minimum Bet Limit process will be strictly adhered to and any determination by HRNSW is binding and final
- I declare that the information given in this Report and any attached document is true and correct and not false or misleading (in either its contents or by omission).
- I acknowledge and agree that I indemnify and will keep indemnified HRNSW against any loss arising out of, relating to or in connection with any information and documentation I provide to HRNSW about my complaint that is untrue, incorrect, misleading or false. • An incomplete Report may delay the investigation into my complaint and I may be asked to complete a new Report and/or provide further information. • The information provided in this Report or subsequently provided by me may be used to investigate or otherwise deal with my complaint and may be used in any subsequent Court proceedings relating to my complaint. • I may be called as a witness and required to give evidence under oath in any subsequent Court proceedings relating to my complaint. • HRNSW may refer my complaint and the information provided by me to another party including a government agency for the purpose of resolving the complaint.

THIS FORM MUST BE **PRINTED AND SIGNED** BY THE APPLICANT

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return the signed form to:

Integrity Officer

Harness Racing NSW

PO Box 1034

Bankstown NSW 1885