AIA		\sim	\sim 1	
NA	IVIE	UF.	LL	UB.

GAMING PATRON INTERACTION REPORTING FORM

This form must be filled out when any staff member has contact with a patron in relation to problem gambling.

A copy of this form must be kept on file

Time:	Date:	Staff Member		Badge No		
Customer:	Male Fe	emale	Name if supplied			
Age: 18-	24 25-39	40-54 5	55+			
	been any previous inte se record details on Fo		is patron Yes / No			
	that led to patron contact Visible Signs Verbal Third Party	staff member ab thed customer ab aff on behalf of ar tt (please tick app	out problem gambling nother party ropriate box):			
Other (please specify)						
Description	n of issue:					
Action take	en: Gambling Helpline car	d provided		Jota		
	Responsible Gambling Local Gambling Help S	g Brochure provid Service information				
	Patron Information/Barring Pack Initial contact made with Gambling Help Service					
	Contact made with other service eg: mental health services					
	Initial contact made with IGA on behalf of customer					
	Patron Self Exclusion		Barring Order Bread			
	Licensee initiated barr	ing	Barring Order Revo	ked		
	Contacted Club Safe					
	Other support option is	·	I- \			
	(after hours followed u					
	No action taken – cust	omer refused one	er or assistance			
Patron response (eg how did the patron react to the intervention) - please detail on Form 1 Section B						
Any further comments or action required - please detail on Form 1 Section C						
Manager's	Name:	Signatur	e	Badge No:		