Siletz Tribal Gaming Commission Chinook Winds Employee Disclosure Form

This form is to be used to disclose information which modifies your original gaming application. Please be complete with details and answer ALL the questions below. If a question does not apply, write N/A in the blank space.

Print Name	Position	
Today's Date	Work Schedule	
Date of Incident	Location of Incident	
Name(s) of Other CWCR	Employee(s) Involved (if any)	
ADDRESS CHANGE	New physical address	
	New mailing address	
	New phone number	

INCIDENTS

DESCRIBE THE INCIDENT IN DETAIL. If more space is needed, use another Disclosure Form and number the pages.

I certify that all the statements made in this document are true, complete to the best of my knowledge and belief, and are made in good faith. I am aware that I need to disclose any follow-up information to the Siletz Tribal Gaming Commission within 2 business days.

Employee Signature