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	
Date of Incident	Location of Incident	
Name(s) of Other CWCR	R Employee(s) Involved (if any)	
ADDRESS CHANGE	New physical address	
	New mailing address	
	<u> </u>	
<u>INCIDENTS</u>		
DESCRIBE THE INCID Form and number the page	ENT IN DETAIL. If more space is a ges.	needed, use another Disclosure
-	nade in this document are true, complete to the that I need to disclose any follow-up information	
Employee Signature(including 4 digit employee number	•)	Rec'd. by at(Date/Time)
5 6 1	<i>'</i>	