

Annex C.1.3 - Third party reporting form for online gambling

With this form you can report a relative who is involved in dangerous gambling and/or risky behaviour.

Please send us the completed form by email to the following address: mesures-sociales@gamrfirst.ch

A) Personal information of the person reporting the alert (contact data)	
Name :	Last name (s):.....
Street :	Postcode, Location :
Date of birth :	Phone number :.....
Indication provider: <input type="checkbox"/> Family <input type="checkbox"/> Authority <input type="checkbox"/> Advisory service <input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Other :	
Do you wish to remain anonymous to the player? <input type="checkbox"/> No <input type="checkbox"/> Yes	
B) Personal information of the person reported	
Name :	Last name(s):
Street :	Postcode, Location :
Date of birth :	
C) Explanation of the situation	
.....	

Identification	Auteur	Responsable	Valideur	Classification	Page
Annexe C.1.3 17.11.2021	C. Devas	J. Colin	S. Adam	Public	1 de 2

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date :

Filled by: Third party RMS SSC

Signature :

Identification	Auteur	Responsable	Valideur	Classification	Page
Annexe C.1.3 17.11.2021	C. Devas	J. Colin	S. Adam	Public	2 de 2