



**REPORT OF APHA VIOLATIONS  
COMPLAINT FORM**

Show Name \_\_\_\_\_

City, State \_\_\_\_\_ Show Date \_\_\_\_\_

Show Number(s) \_\_\_\_\_ Time & Date Incident Occurred \_\_\_\_\_

Photographs/Video Available? \_\_\_\_\_yes \_\_\_\_\_no

Reported to Show Management? \_\_\_\_\_yes \_\_\_\_\_no

Exact Location of Incident:

Barn # \_\_\_\_\_ Stall # \_\_\_\_\_ Other (specify in detail) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of incident: (Be specific, detailed and include names of all individuals and horses involved. Distinguish first hand, personal information from information obtained from other sources.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use the back of this form and additional sheets if necessary)

Please verify that you would be willing to testify before the APHA Executive Committee concerning this rule violation. \_\_\_\_\_yes \_\_\_\_\_no

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ APHA ID # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Forward to: American Paint Horse Association  
Attention: Holly Nelson  
PO Box 961023  
Fort Worth, Texas 76161-0023  
817-222-6436  
817-222-8489, fax  
Email: [hnelson@apha.com](mailto:hnelson@apha.com)