



**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
817-222-6446
817-222-8489, fax
Email: hnelson@apha.com