

Address:

## Report of misconduct at a MQHA Sponsored Event

This form should be submitted as soon as possible following an incident.

Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_

Date of incid	dent:	Location:
Please explain the incident in detail. If applicable, please accurately quote any verbal exchange. Please continue on the back, or attach additional pages if necessary.		
Were there	witnesses to this incident? <i>ye</i>	s no Is there video of this incident? yes no
If possible, I	ist the names of any witnesses wh	o might be contacted for further information.
If at a horse	show, was show management no	tified of this incident? <i>yes no</i>
Please list n	ame of show management represe	entative, if known:
Signature of	f Complainant:	
Please retur	n to show management, mail, ema AQHA, Competition Department	nil (mqha@hotmail.com) or fax 616-225-8211 or send
,	PO Box 200, Amarillo, TX 79168	

City, State:

Zip: