MICHIGAN QUARTER HORSE ASSOCIATION

Report of misconduct at a MQHA Sponsored Event

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

Name: _____ Phone: _____

Address: _____ City, State: _____ Zip: _____

Date of incident: _____ 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.

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Were there witnesses to this incident? *yes* *no* Is there video of this incident? *yes* *no*

If possible, list the names of any witnesses who might be contacted for further information.

_____

If at a horse show, was show management notified of this incident? *yes* *no*

Please list name of show management representative, if known: _____

Signature of Complainant: _____

Please return to show management, mail, email (mqhaoffice@gmail.com) or fax 616-835-9064 or send directly to: AQHA, Competition Department
PO Box 200, Amarillo, TX 79168