



COMPLAINT FORM

(Approved 1/11/21)

1. Member(s) Making Complaint:

Print Name: _____ Member Number: _____

Print Name: _____ Member Number: _____

Print Name: _____ Member Number: _____

2. Person against whom complaint is being made: _____

3. Please provide detailed description of alleged rule violation including:

a. Date(s) of the incident(s) in question: _____

b. The show at which the alleged incident(s) occurred: _____

c. The location on the show grounds where the alleged incident occurred (i.e.-
show arena, practice pen, etc.): _____

d. Detailed description of the activity that resulted in the alleged rule violation
(attach additional pages if needed): _____

e. List other witnesses and their address to event (if any): _____

In order for a complaint to be considered and acted upon, all information in items 1 through 3 above must be provided. Additionally, if you have any documents relating to the basis for this complaint, please include copies of those documents with this completed form and return to NCHA.

4. Do you want this complaint to remain anonymous? Yes____ No____

(Note: Under NCHA Standing Rule 37.a, only complaints alleging violations of the NCHA's Zero Tolerance Policy that meet the requirements of NCHA Standing Rule 35.6 can be made anonymously.)

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Please submit completed form with any supporting material directly to the Executive Director, Jay Winborn at jwinborn@nchacutting.com within 7 days of said incident or potential violation.