

SECTION I: Person Filing Report Form

Name:	Date of Incident:			
Address:				
Phone Number: ()	4-H Club:			
SECTION II: Information Regarding Incident				
Date and Time of Incident:	Location:			
Name of 4-H Activity:				
Adult 4-H Event Coordinator/Supervisor:				
Was anyone physically injured during incident?		Yes	No	
If YES was a 4-H Accident Claim Form completed	?	Yes	No	
Was an Incident Report Form completed?		Yes	No	
Individuals involved in incident. (For each, circle Mem	ber/Volunteer or 0	Other Person)		
	Member	Volunteer	Other	
	Member	Volunteer	Other	
	Member	Volunteer	Other	
	Member	Volunteer	Other	
Were there other witnesses to this incident? (If YES please list their names below.)		Yes	No	
Individuals who witnessed the incident. (For each, ci	rcle Member/Volu	nteer or Other Pe	erson)	
	Member	Volunteer	Other	
	Member	Volunteer	Other	
HEAD, HEART, HA	NDS,	HEAL	тн	

	Fresno Cou Complair	-
 _ Member	Volunteer	Other
Member	Volunteer	Other

SECTION III: Narrative

Please explain in detail what happened in the space below. Use additional paper if necessary.

I certify that the information contained on this 4-H YDP County Complaint Form is true to the best of my knowledge.

Name

Signature

Date