



**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 Member/Volunteer or Other Person)

\_\_\_\_\_ Member Volunteer Other

\_\_\_\_\_ Member Volunteer Other

\_\_\_\_\_ Member Volunteer Other

\_\_\_\_\_ Member Volunteer Other

Were there other witnesses to this incident? Yes No  
(If YES, please list their names below.)

Individuals who witnessed the incident. (For each, circle Member/Volunteer or Other Person)

\_\_\_\_\_ Member Volunteer Other

\_\_\_\_\_ Member Volunteer Other

**San Bernardino County 4-H  
Complaint Form**  
11/2016

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_____	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**