



UC Master Gardener Program: Complaint Form

SECTION I: Person Filing Report Form

Name: _____ Date of Incident: _____

Address: _____

Phone Number: (_____) _____

UC Master Gardener Program County Name: _____

SECTION II: Information Regarding Incident

Date and Time of Incident: _____ Location: _____

Name of UC Master Gardener Activity: _____

UC Master Gardener Event Coordinator/Supervisor: _____

Was anyone physically injured during incident? Yes No

If YES was an ANR Volunteer - Hartford Claim Form completed? Yes No

Was an ANR Incident Report Form completed? Yes No

Individuals involved in incident. (For each, circle Member/Volunteer or Other Person)

_____ Staff Volunteer Other

_____ Staff Volunteer Other

_____ Staff Volunteer Other

_____ Staff 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)

_____ Staff Volunteer Other



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_____	Staff	Volunteer	Other
_____	Staff	Volunteer	Other
_____	Staff	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 UC Master Gardener Program Complaint Form is true to the best of my knowledge.

Name

Signature

Date