



County 4-H Complaint Form

SECTION I: Person Filing Complaint Form

Name: _____ Date of Incident: _____

Address: _____

Phone Number: (_____) _____ 4-H County: _____

SECTION II: Information Regarding Incident

Date and Time of Incident: _____

Location (Address/Name of Facility): _____

Name of 4-H Activity: _____

Name of 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

List name of individuals involved in the incident. (For each name: circle Member, Volunteer or Other Person)

_____	Member	Volunteer	Other Person
_____	Member	Volunteer	Other Person
_____	Member	Volunteer	Other Person
_____	Member	Volunteer	Other Person

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

List name of individuals who witnessed the incident. (For each, circle Member, Volunteer or Other Person)

_____	Member	Volunteer	Other Person
_____	Member	Volunteer	Other Person
_____	Member	Volunteer	Other Person
_____	Member	Volunteer	Other Person

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 County 4-H Complaint Form is true to the best of my knowledge.

Name

Signature

Date

The University of California Division of Agriculture & Natural Resources (UC ANR) is an equal opportunity provider.