



Date Received: _____

SECTION I: Person Filing or Completing Report Form

Name: _____ Date of Incident: _____

Address: _____

Phone Number: (_____) _____ 4-H Club/Project: _____

SECTION II: Information Regarding Incident

Date and Time of Incident: _____ Location: _____

Name of 4-H Activity: _____

Adult 4-H Event/Activity 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

_____ Member Volunteer Other

_____ Member Volunteer Other



SECTION III: Narrative

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