

# Junior Livestock Show

202 West 4<sup>th</sup> Street  
Alturas, CA 96101  
Telephone: (530) 233-6400  
Fax: (530) 233-5542

## COMPLAINT FORM

### SECTION I: Person Filing Report Form

Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

### SECTION II: Information Regarding Incident

Date and Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Adult Coordinator/Supervisor: \_\_\_\_\_

Was anyone physically injured during incident? Yes No

If YES was a 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

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_____	Member	Volunteer	Other
_____	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 Junior Livestock Show Complaint Form is true to the best of my knowledge.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**