

REPORT OF APHA VIOLATIONS

The complaint must be received within sixty (60) days of the date the show, contest or event was held. (See Rule GR-067.B.)

Show Name					
City, State		Sho	Show Date		
Show Number(s)		Time & Date	Time & Date Incident Occurred		
Photographs/Video Available? Reported to Show Management?		□Yes □Yes			
Exact Location of Is Barn #		Other (specify	in detail)		
Description of Inci	dent: (Be specific, de	etailed and include nan	nes of all individuals and obtained from other so	d horses involved.	
(Use the back of this) Please verify that	form and additional sh	eets if necessary)	e the APHA Board of □Yes □No		
Signature			Date		
Name			APHA ID #		
Address					
City, State, Zip					
Phone #s (Day)		(Evening)			
E-mail Address		Fax #			
Forward to:	Attention: Jenn	e Ave, Suite 420 kas 76164 direct			

E-mail: jcrites@apha.com