



UNIVERSITY OF ILLINOIS
EXTENSION



Complaint Form

Unit 14 - Serving Adams/Brow/Hancock/Pike/Schuyler counties
www.extension.uiuc.edu/abhps

County of complaint _____

All complaints must have a complaint form signed and filled out in order to be reviewed

Program area, date & time of complaint:	
Date of occurrence:	Activity / Event:
Location:	Other:

Description of complaint/violation:

Please sign the Complaint Form after briefly explaining the situation. Try to explain the situation/violation in chronological order, using date & time if applicable. If applicable, include what you hope will result by bringing this complaint to attention. If additional space is needed please attach a separate sheet. Please print or type.

(If Applicable) - This report is concerning the following individual(s):

Name: _____

Circle one: Volunteer Staff 4-H Member 4-H Family Member Other

Violation of:

4-H Show Rule Regulations/Behavior _____ Other _____

Required Information: *(please print)* Submitted by:

Name: _____

Address: _____

Phone: Home () _____ Work: () _____ Other: () _____

E-mail: _____

Signature: _____ **Date:** _____

Submit this form 4-H Extension staff as soon as possible or within 5 working days after the above mentioned event.

For office use: Received by: _____ Date: _____
