



# EYEWITNESS ABUSE REPORT

UNITED STATES EQUESTRIAN FEDERATION - ALL THINGS EQUESTRIAN

## Eyewitness Report of Act of Alleged Abuse

This form to be returned to the USEF office with the Steward's or Technical Delegate's Report Form or directly to USEF Regulation Department.

NAME OF USEF LICENSED COMPETITION \_\_\_\_\_

LOCATION OF COMPETITION \_\_\_\_\_

DATE OF COMPETITION \_\_\_\_\_

NAME OF EYEWITNESS (Print in block capitals) \_\_\_\_\_

USEF # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

DAY PHONE (            ) \_\_\_\_\_

EVENING PHONE (            ) \_\_\_\_\_

NAME OF ACCUSED \_\_\_\_\_

USEF # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

DESCRIPTION OF HORSE/PONY (Give name, entry number and descriptive details) \_\_\_\_\_

WHERE WERE YOU IN RELATION TO THE ACCUSED/ WHERE DID THE INCIDENT TAKE PLACE? \_\_\_\_\_

DATE AND APPROXIMATE TIME OF YOUR OBSERVATION \_\_\_\_\_

FOR APPROXIMATELY HOW LONG DID YOU OBSERVE THE ALLEGED ACT OF ABUSE? \_\_\_\_\_

STATE WHAT YOU OBSERVED AS CLEARLY AND SPECIFICALLY AS YOU CAN (Use reverse if needed) \_\_\_\_\_

