USEF RULE VIOLATION REPORT FORM

DATE: ____/____/____

Any individual may report alleged misconduct to the Federation, either verbally or in writing. Reports can be made anonymously to the Federation. There is no fee for filing this report. Reports can be uploaded through the USEF Member Dashboard or emailed to disputes@usef.org. Any questions should be directed to the Director, Regulation Department at epratt@usef.org.

This Report Form is for any misconduct other than allegations under the USEF Safe Sport and MAAP Policies. To report allegations regarding the USEF Safe Sport Policy or USEF MAAP Policies please utilize this Incident Report Form.

For additional information on the process see Part VII - Complaints and Disputes of the USEF Bylaws.

REPORTING PARTY

1. If there is more than one reporting party, please list the names and complete contact information for all parties. Attach additional papers if necessary.
   i. Name of Reporting Party: _________________________________________________
   ii. Reporting Party’s USEF Member #: _________________________________________
   iii. Reporting Party’s preferred phone numbers: (_____ )_________________________
   iv. Reporting Party’s e-mail address: _________________________________________
   v. Reporting Party’s Role/Position: Exhibitor_____ Trainer_____ Owner_____ Parent_____ Groom_____ Licensed Official____ Spectator____ Other (please specify): __________________________________________
   vi. Relationship (if any) to the Respondent: _______________________________________
   vii. I wish for my name and contact information to remain anonymous: Yes_________    No _________
   viii. Are you willing to speak to Regulation Department Staff: Yes _______    No ________

RESPONDENT

2. Please list Respondent’s name and complete contact information to the extent it is known. Attach additional papers if necessary.
   i. Respondent’s Name: _____________________________________________________
   ii. Respondent’s USEF Member #: ___________________________________________
   iii. Respondent’s phone numbers: (_____ )____________________________________
iv. Respondent’s e-mail address: ____________________________________________

v. Respondent’s Role/Position: Exhibitor ____ Trainer _____ Owner _____ Parent_____ Groom _____
   Licensed Official ____ Spectator_____ Other (please specify) ______________________________

USEF LICENSED COMPETITION

3. Please provide the following information if the incident occurred in connection with a USEF Licensed
   Competition.
   i. Name of Competition: _____________________________________________________________
   ii. Competition USEF #: ________________________________
   iii. Dates of Competition: Start Date: _______________      End Date: _______________
   iv. Location of Competition: City________________________ State ______________

SPECIFICS OF THE ALLEGED VIOLATION(S)

4. The following information is required. Attach additional papers if necessary.
   i. USEF Rules Allegedly Violated (list all that apply): ________________________________
   ii. Date(s) of Incident: ________________________________
   iii. Location of Incident (If occurred at a competition where on competition grounds. If occurred outside
       competition grounds, address and description of where the incident occurred.):
       ____________________________________________________________________________
       ____________________________________________________________________________
   iv. Did you report this incident to a Competition Official and/or Competition Management? If yes, who did
       you report it to and when? ________________________________
       ________________________________

DETAILS OF VIOLATION

Please use Attachment A to provide in clear and concise language the facts supporting the alleged violation(s).
REMEDY

5. Please specify the remedy you are seeking and whom has been harmed by this alleged violation:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

WITNESSES

6. Provide the names and contact information for any other individuals who may have additional information regarding the alleged violation. Attach additional papers if necessary. See Attachment B.

i. Witness Name: _________________________________________________________________________

ii. Witness USEF Member #: ____________________________________________________________________

iii. Witness’s preferred phone numbers: (___) _____________________________

iv. Witness’s e-mail address: __________________________________________________________________

v. Witness’s Role/Position: Exhibitor______ Trainer______ Owner______ Parent______ Groom______
   Licensed Official_____ Spectator_____ Other (please specify): _______________________________

vi. Witness’s Relationship (if any) to the Respondent: __________________________________________

vii. Is the Witness willing to speak to Regulation Department Staff: Yes _____ No ________

URGENCY

7. If there is an urgency requiring this matter to be processed with a high priority, provide the reasons justifying the need for the urgency:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
ATTACHMENT A

DETAILED DESCRIPTION OF THE ALLEGATIONS

Additional pages may be used if necessary.
ATTACHMENT B

IDENTIFICATION OF OTHER WITNESSES
Please provide the following information for each additional witness. Additional pages may be used if necessary.

Name: ___________________________________________________ USEF Membership #: _____________________

Email Address: ____________________________________________

Preferred Phone Number: (_______) __________________________

Witness’s Role/Position: _____________________________________

Relationship to Respondent (if any):____________________________________________________________________

Are they willing to speak to Regulation Department Staff: Yes_________________        No_________________

Name: ___________________________________________________ USEF Membership #: _____________________

Email Address: ____________________________________________

Preferred Phone Number: (_______) __________________________

Witness’s Role/Position: _____________________________________

Relationship to Respondent (if any):____________________________________________________________________

Are they willing to speak to Regulation Department Staff: Yes_______________        No:_________________

Name: ___________________________________________________ USEF Membership #: _____________________

Email Address: ____________________________________________

Preferred Phone Number: (_______) __________________________

Witness’s Role/Position: _____________________________________

Relationship to Respondent (if any):____________________________________________________________________

Are they willing to speak to Regulation Department Staff: Yes_______________        No:_________________