



AMERICAN QUARTER
HORSE ASSOCIATION

**PROFESSIONAL HORSEMEN'S ASSOCIATION
COMPLAINT FORM**

Please Print

Date: _____ **Show/Event Name:** _____

City, State: _____

Name of Professional Horseman/Horsewoman: _____

Was this incident reported to anyone, such as a member of show management or another Professional Horseman? Yes No

If so, please list person/people reported to: _____

Are there photographs or video available? Yes No

Please describe, in detail, the incident you are reporting (be very specific, providing names of all individuals and horses involved):

(Use the back of this form and any additional paper as necessary)

Name _____ **AQHA ID#** _____

Address _____ **Daytime Phone #** _____

City _____ **State** _____ **Zip** _____

Signature _____ **Date** _____

*Please fax to (806) 349-6412
Or mail to: AQHA, Attn: Ward Stutz, P.O. Box 200, Amarillo, TX 79168*