



6030 Greenwood Plaza Blvd
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AHA 9101 (Rev. 5/23)

ETHICAL PRACTICE REVIEW BOARD COMPLAINT FORM

Instructions:

1. Completion of the complaint form in full is required to bring charges pursuant to the AHA Code of Ethics and Sportsmanship and the Rules and Procedures of the AHA Ethical Practice Review Board ("EPRB"). The Rules and Procedures are published in the AHA Handbook. A current copy may be obtained by request from the AHA office.
2. Only complaints filed on a current form will be processed.
3. Please complete this form giving all requested information. Please do not omit any information. If a request for information on this form is not applicable, please so indicate with "N/A" in the answer space. Do not forget to sign the form. Incomplete forms will be returned for completion.
4. Attach additional sheets as necessary to answer any of the questions.
5. The information and evidence submitted with your complaint must be clearly identified and becomes the property of AHA. It will not be returned.
6. All complaints must be signed by the complaining party and be accompanied by a \$200.00 non-refundable filing fee unless waived as set forth in the EPRB Rules and Procedures.
7. Mail the complaint form, fee, and all documentation to the **Confidential** attention of:

EPRB Staff Liaison
Arabian Horse Association
6030 Greenwood Plaza Blvd, Ste 100
Greenwood Village, CO 80111

NOTE: If this complaint results in a hearing by the Ethical Practice Review Board, the complainant or a duly authorized representative must attend the hearing personally or submit a written notarized presentation. Failure to do so shall be grounds for dismissal of the complaint. It is strongly recommended the complainant attend the hearing in person.

Please print clearly.

RESPONDENT INFORMATION

1. List the full name and address of the person(s) being charged in this ethical complaint and describe their relationship to the AHA.

Respondent #1:

Name _____

Address _____

City _____ State/Prov _____ Zip _____

Home # _____ Work # _____

Relationship to AHA _____ AHA member # _____

Respondent #2:

Name _____

Address _____

City _____ State/Prov _____ Zip _____

Home # _____ Work # _____

Relationship to AHA _____ AHA member # _____

3. State the specific section(s) of the AHA Code of Ethics and Sportsmanship alleged to have been violated (the alleged violations must be from ETHICS 104. Rules of Conduct) and/or state the specific rules of USEF, EC, CAHR, alleged to have been violated. The PCP and EPRB will not consider rule violations other than those specifically listed.

4. List witnesses to said actions known to you.

Witness #1:

Name _____

Address _____

City _____ State/Prov _____ Zip _____

Home # _____ Work # _____

Witness #2:

Name _____

Address _____

City _____ State/Prov _____ Zip _____

Home # _____ Work # _____

Witness #3:

Name _____

Address _____

City _____ State/Prov _____ Zip _____

Home # _____ Work # _____

5. Attach supporting documentation currently in your possession which supports your charge and identify below the documents which are attached.

6. Please circle the appropriate words in parenthesis to complete the following statement:

To the best of my knowledge, the conduct that is the basis of this complaint **(has)** **(has not)** been and **(will)** **(will not)** be the basis for claims in any court of law, arbitration, or mediation or the basis of a protest filed with another governing body.

7. The complaining party/parties must complete the information requested below and sign where indicated:

a. For individual complaining party/parties (include your membership number if you are a member of AHA):

Name _____
Address _____
City _____ State/Prov _____ Zip _____
Home # _____ Work # _____
Relationship to AHA _____ AHA member # _____
Signature _____ Date _____

b. For complaining party who is a show official acting in official capacity:

Name _____
Address _____
City _____ State/Prov _____ Zip _____
Home # _____ Work # _____
Relationship to AHA _____ AHA member # _____
Signature _____ Date _____

c. For complaining party who is on an AHA board, commission, or committee:

Name of board/commission/committee _____
Current chair _____
Representative _____
Address _____
City _____ State/Prov _____ Zip _____
Home # _____ Work # _____
Relationship to AHA _____ AHA member # _____
Signature _____ Date _____

NOTARY INFORMATION

Pursuant to Ethics 108.7.a., if the complainant or its duly authorized representative intends to present its case based only on the complaint and its attached documents without attending the hearing, then this section of the complaint form must also be completed.

Signature of Complainant _____ Date _____

State of _____

County of _____

Signed and sworn to before me by _____

this _____ day of _____, 20_____.

Notary Public signature _____

My commission expires _____

(SEAL)