

# 4-H COMPLAINT FORM

Name: \_\_\_\_\_

Club: \_\_\_\_\_ County: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Description of Complaint (please be as specific as possible in describing the event(s), date(s), person(s) involved, etc.):

Proposed remedy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Use of this form is voluntary.

Routing: Council , County Director