



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 is 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: _____