



# Waukesha County 4-H Horse Association CODE OF CONDUCT VIOLATION FORM

Name of Person submitting complaint: \_\_\_\_\_

Date complaint submitted: \_\_\_\_\_

Please describe **in detail** the specific violation that **you** were personally involved with regarding our adult or youth code of conduct. (eg. date of occurrence, location, names of people involved, behaviors, comments made, etc):

I understand I may become aware of confidential information about specific people. This confidential information may include information about individual behaviors, health, disabilities, other related matters, problem or complaint discussions and decisions. **I understand and agree that I will not discuss or disclose any of the above confidential information that I may become aware of to any others.** I have read the above & am in agreement with maintaining this confidentiality.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Follow-up action:** (summary of action as response to above complaint given by President of WC4HHA)

Signature: \_\_\_\_\_ Date \_\_\_\_\_