



## OFFICIAL CHARGE/PROTEST/COMPLAINT FORM

To institute formal proceedings before the PFHA Hearing Committee, please complete this form in full. You must comply with all of the requirements specified in Chapter One, Section IX of the PFHA Rule Book, and must adhere to the applicable filing deadline.

You must be prepared at the time of the hearing to substantiate this charge, protest, or complaint by personal testimony, sworn statements, witnesses, and other evidence as specified in Chapter One, Section IX of the PFHA Rule Book.

**Please note that the soundness of a horse (determined by a veterinarian or a judge) and a judge's decision representing individual preference (unless alleged to be a violation of USEF/PFHA rules) cannot be protested.**

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

Name of Competition/Event (if applicable): \_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

I am submitting this form to:

\_\_\_\_\_ Show Committee \_\_\_\_\_ PFHA Executive Director \_\_\_\_\_ PFHA President

### **Your Contact Information:**

Name: \_\_\_\_\_ Membership # (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

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

If you are filing a protest or complaint, a \$100 fee must accompany this form. There is no fee for filing a charge.

Payment Amount: \$100

Cardholder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

A 3% convenience fee on all credit card transactions will be applied.

**Complete Either A, B, or C:**

I am filing a:

<b>A. Charge _____</b>  This charge is made by: ____ Competition Official ____ PFHA Officer ____ PFHA Executive Director	<b>B. Protest _____</b>  This is protest is made by: ____ Rider/Driver/Handler ____ Owner ____ Trainer/Agent ____ Youth Exhibitor's Parent	<b>C. Complaint _____</b>  This complaint is made by: ____ Rider/Driver/Handler ____ Owner ____ Trainer/Agent ____ Youth Exhibitor's Parent
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**Accused's Contact Information:**

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

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

Phone: \_\_\_\_\_

Email : \_\_\_\_\_

**Witness(es):**

Name	Phone	Email

