**How to file a Complaint Form**

1. Use this form to report all ***non-medical*** incidents that pose health & safety concerns or potential violations of California 4-H Member or Leader Codes of Conduct. **(All medical accidents must use form LC-7533-1 ‘Hartford Insurance Claim Form’)**

2. Complete all sections of this form. Incomplete information may not be useful to the 4-H Youth Development Program Staff.

3. Give completed forms to your local 4-H Community Club Leader. In instances where that is not possible, or a 4-H Community Club Leader or Staff member is involved in the incident, mail this form to the Solano County 4-H Office. Keep a copy of this Complaint Form for your records. **(Solano County UCCE Office, Attn: Valerie Williams, 501 Texas Street, 1st Floor, Fairfield, CA 94533.)**

4. Use the back of this form to describe in detail the incident you are reporting on. Include additional information as necessary to complete your report.

5. All relevant information must be reported to 4-H program staff. This information will be used by staff to conduct an inquiry into the incident, and to assist in rectifying the health and safety or Code of Conduct concerns.

6. Confidentiality of reports will be maintained according to University of California policies and guidelines. The University may release information at the time it is required by law enforcement or by court order.

**SECTION II**

**Information Regarding Incident**

Date and Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of 4-H Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult 4-H Event Coordinator/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was anyone physically injured during incident? Yes No

(If YES was a Hartford Insurance Claim Form completed?) Yes No

Was a UCANR Incident Report completed?  Yes  No

Name(s) of individuals involved in incident: 4-H Member Leader Other Person



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**SECTION I**

**Person Filing Report Form**

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

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_4-H Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a : 4-H Member 4-H Leader 4-H Parent Other

**INSTRUCTIONS**

**SOLANO COUNTY 4-H COMPLAINT FORM**

**Information Regarding Incident (Continued)**

Were there other witnesses to this incident? Yes No

(If YES please list their names below.)

Individuals who witnessed the incident: 4-H Member Leader Other Person



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**SECTION II**

**SECTION III**

**Narrative**

Please explain in detail what happened in the space below. Use additional paper if necessary.

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**I certify that the information contained on this 4-H Incident Report Form is true to the best of my knowledge.**

**Name**

**PLEASE PRINT**

**Signature Date**