



# San Bernardino 4-H Youth Development Program

## Complaint Form



Today's Date \_\_\_\_\_ Date of Incident \_\_\_\_\_

Name of Person Filing Complaint \_\_\_\_\_

Person(s) Involved \_\_\_\_\_

Place/Activity of Incident \_\_\_\_\_

Details of Incident \_\_\_\_\_

---

---

---

---

---

Submitted to \_\_\_\_\_ Date Received \_\_\_\_\_

Title \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Actions Taken \_\_\_\_\_

---