



4083 Iron Works Parkway
Lexington, KY 40511
859-259-2742 | Fax: 859-259-1628

Exhibit A

ASHBA Member Code of Conduct – Confidential Complaint Form

Provide complete information. Use additional sheets of paper if needed.

Date: _____

Name and Address of Complainant: _____

Telephone No. _____ Email Address: _____ ASHBA No. _____

Name and Address of Member Who Allegedly Violated the Member Code of Conduct:

Telephone No. _____ Email Address: _____

Date, Time and Location Violation Occurred:

Description of Alleged Violation:



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Specific Member Code of Conduct Rules Violated:

Names and Contact Information of Witnesses and Others with Relevant Information:

Is law enforcement or another governing body (e.g., USEF, SafeSport, UPHA) involved in investigating this matter? If yes, provide details.

Has a civil lawsuit been filed regarding the same parties and/or facts? _____ If yes, provide details.

Provide any other information or details that would be helpful to the investigation and resolution of this matter:



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I certify that, to the best of my knowledge, this complaint is true and accurate and is being submitted in good faith.

Signature: _____

Printed Name: _____

Date: _____

State/Commonwealth of _____

County of _____

On _____, before me, _____, personally appeared, _____, personally known to me or approved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

(Notary Signature)

My Commission Expires: _____

(Seal)