



# EYEWITNESS ABUSE REPORT

## UNITED STATES EQUESTRIAN FEDERATION

### Eyewitness Report of Act of Alleged Abuse

This form to be returned to the USEF office with the Steward's or Technical Delegate's Report Form or directly to USEF Regulation Department.

**NAME OF USEF LICENSED COMPETITION**

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**LOCATION OF COMPETITION**

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**DATE OF COMPETITION**

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**NAME OF EYEWITNESS** (Print in block capitals)

**USEF #**

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**ADDRESS**

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**CITY**

**STATE**

**ZIP CODE**

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**DAY PHONE** (            )

**EVENING PHONE** (            )

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**NAME OF ACCUSED**

**USEF #**

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**ADDRESS**

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**CITY**

**STATE**

**ZIP CODE**

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**DESCRIPTION OF HORSE/PONY** (Give name, entry number and descriptive details)

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**WHERE WERE YOU IN RELATION TO THE ACCUSED/ WHERE DID THE INCIDENT TAKE PLACE?**

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**DATE AND APPROXIMATE TIME OF YOUR OBSERVATION**

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**FOR APPROXIMATELY HOW LONG DID YOU OBSERVE THE ALLEGED ACT OF ABUSE?**

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**STATE WHAT YOU OBSERVED AS CLEARLY AND SPECIFICALLY AS YOU CAN** (Use reverse if needed)

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