

# Alleged Violation Report

(to be completed by person FIRST informed of an alleged violation)

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

Time: \_\_\_\_\_

Location of Alleged Violation: **BE SPECIFIC** \_\_\_\_\_

\_\_\_\_\_

Person making report: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone # : \_\_\_\_\_

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

Known information pertaining to the alleged violation: (if insufficient room, use back of this form)

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

Others who may have witnessed the alleged violation:

Name: \_\_\_\_\_ Telephone # :

Email address:

Name: \_\_\_\_\_ Telephone # :

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

**In accordance with the Evergreen Region Sanction Procedure an additional 7 business days will be given to the individual who is making this report in order to further investigate the allegations. Once your investigation has been completed, fill out and submit the Investigation Report to the Region office and the Commissioner in order for the sanction process to continue.**

Signature of person making report: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_