



Indiana Horsemen's Benevolent & Protective Association, Inc.

32 Hollaway Boulevard, Brownsburg, IN 46112
(317)-903-4382 www.inhbpa.org

COMPLAINT

Use this form to submit a written complaint about any alleged violations of the Indiana HBPA's By-laws or rules, or the IHRC's enabling statute or administrative rules.

Note: The complaint and its resolution will be submitted to the IHRC.

Full Name _____

1. Permanent Address

Street Address (number and street)

City State ZIP

2. Current Address

Street Address (number and street)

City State ZIP

3. Telephone Numbers

Home Cell Business

4. Email Address

5. Who is your Complaint against?

Name of Individual or Organization

Title or Position

6. List or describe the by-law, procedure, rule or law you believe has been violated:

For office use:

Date Complaint Received _____

Who received Complaint _____

Resolution: _____

Complaint Reviewed By _____

INDIANA HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION

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7. Describe your complaint in detail including all relevant facts and circumstances to support the alleged violation(s). Attach additional pages if necessary. *Please print clearly or type*

8. Please list information on any individual(s) who have personal knowledge regarding the alleged violation(s): Attach additional pages if necessary. *Please print clearly or type*

Name of Witness

Name of Witness

Street Address of Witness (number and street)

Street Address of Witness (number and street)

City State ZIP

City State ZIP

My signature below certifies that the information provided in this document is, to the best of my knowledge, truthful and accurate.

Signature

Date (mm/dd/yy)

Please return your completed form to our office using one of the options below:

**Mail completed form to: Indiana HBPA
ATTN: Executive Director
32 Hollaway Blvd.
Brownsburg, IN 46112**

**Email completed form to:
brownpreston@indy.rr.com**

**Or drop off the completed form at the Indiana HBPA trailer at Indiana Grand.
2138653.1**