



## SHOW COMPLAINT FORM

**NOTE: A fee of \$100.00, payable to RMHA, must accompany this form. RMHA/HQ Executive Director will provide information to the responsible Committee Chairman who will recommend it to the Hearing Panel. If the complaint or violation results in a guilty verdict, RMHA will refund the fee to the individual filing the form.**

I am filing a complaint / violation on (name of judge/rule/person) \_\_\_\_\_

The incident happened at (location)\_\_\_\_\_

Date of incident \_\_\_\_\_

Description follows: (Provide clear and factual details. Use reverse, if needed.)\_\_\_\_\_

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Mail completed form to:  
RMHA  
4561 Iron Works Pike, Ste 156  
Lexington, KY 40511

