



DATE RECEIVED _____
DATE ACKNOWLEDGED _____
DATE APPROVED _____
RMHA SEC'Y NOTIFIED _____
DATE OF HEARING _____

HEARING PANEL COMPLAINT FORM

If this complaint deals with show issues, please use RMHA Show Advisory Committee form—"Show Rule Complaint Form" and return to SAC Chairperson.

RMHA Bylaws, (8-2003) Section 8.1: "Disciplinary hearings shall be scheduled, noticed and conducted in closed session in accordance with procedures established in the Rules of the RMHA, which shall provide affected parties with reasonable due process and opportunity to be heard."

I, _____, being a member in good standing with the RMHA, request a hearing in accordance with the RMHA Bylaws, Section 8.1, (9-2003). I am detailing the facts and issues (i.e. who, what, when, where, rules or bylaws violated, etc.) that pertain to this request. I am attaching all documentation pertaining to this matter and \$300.00 filing fee. (RMHA will determine a hearing based on evidence).

Signature _____ Date _____

Address _____

City _____

State _____ ZIP _____

Membership No. _____ Email _____

Phone _____ Cell _____

Submit all forms and documentation fees to:

RMHA / Attn. RMHA Vice President / 4561 Iron Works Pike, Ste 156/ Lexington, KY 40511

Notary _____	Date _____
Seal _____	Expiration _____