



Conduct Complaint Form

(Must be filled out and submitted within 10 days of the incident occurring)

Date Form is Completed: _____

Person Filing Complaint: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone w/Area Code: _____

Email Address: _____

Date of Incident: _____

Place/Time of Incident: _____

Name of Offender(s): _____

DESCRIPTON OF COMPLAINT:

***Please submit Conduct Complaint Form to your Code of Conduct Committee within 10 days of the incident occurring. Forms will be forwarded to the Code of Conduct Committee who will review and take to the MYHA Board for review when appropriate, whether resolved or not.