



EQUINE EYEWITNESS ABUSE REPORT FORM

This form should be used when reporting equine abuse or any act that jeopardizes the safety and welfare of an equine at a USEF Licensed Competition. This form shall be filed directly to the Federation Regulation Department or provided to the Steward or TD at the competition. Any questions should be directed to the Director, Regulation Department at epratt@usef.org.

See Federation Rule, [Chapter 8, GR839](#) for information on what is included under Cruelty and Abuse.

I. USEF LICENSED COMPETITION

1. Provide the name, location and dates of the competition where the abuse was witnessed.

1.1 Name of USEF Licensed Competition: _____

1.2 Location of Competition: City _____ State: _____

1.3 Date(s) of Competition: State Date: _____ End Date: _____

1.4 USEF Competition Number (if known): _____

II. EYEWITNESS

2. Provide the name and complete contact information for the primary eyewitness.

2.1 Name of Eyewitness: _____

2.2 Eyewitness USEF Membership # (if non-member please indicate): _____

2.3 Eyewitness Email Address: _____

2.4 Eyewitness full mailing address: _____

2.5 Eyewitness Phone Number: Cell: (_____) _____ Other: (_____) _____

2.6 Eyewitness Capacity at Competition (Exhibitor, Spectator, Official, etc.): _____

2.7 Relationship to Accused (if any): _____

2.8 Do you wish to remain anonymous? Yes: _____ No: _____

Please note that a member of the Regulation Department will need to contact you regarding this report. However, contact by a staff member will not jeopardize your request to remain anonymous.



III. ACCUSED

3. Provide the accused's name and complete contact information to the extent it is known to you. The Steward or TD may provide the Federation Regulation Department with the applicable Entry Blanks.

3.1 Name of Accused: _____

3.2 Accused USEF Membership # (if non-member please indicate): _____

3.3 Accused Email Address: _____

3.4 Accused full mailing address: _____

3.5 Accused Phone Number: Cell: (_____) _____ Other: (_____) _____

3.6 Accused Capacity at Competition (Trainer, Owner, Rider, Groom, etc.): _____

IV. DESCRIPTION OF HORSE/PONY

4. Provide a detailed description of the horse/pony involved in the incident.

4.1 Name of Horse/Pony: _____

4.2 Entry/Back Number: _____

4.3 Classes Horse/Pony Entered In: _____

4.4 Description of Horse/Pony: _____

V. SPECIFICS OF THE ALLEGED ACT OF ABUSE

5. Provide the specific details regarding where and when the incident occurred.

5.1 Date(s) of incident: _____

5.2 Time of incident: _____

5.3 Location of incident on competition grounds: _____

5.4 Approximately how long did you observe the alleged act of abuse: _____

5.5 Where were you in relation to the accused/where the incident occurred: _____



5.6 Did you report this incident to a Competition Official? If yes, who did you report it to and when?

VI. DETAILED DESCRIPTION OF THE ALLEGED ACT OF ABUSE

Please provide on **Attachment A** in clear and concise language (preferably in numbered paragraphs or bullet points), the facts supporting the alleged act of abuse. State what you observed as clearly and specifically as you can.

VII. IDENTIFICATION OF ADDITIONAL WITNESSES

Please provide on **Attachment B** the names and complete contact information of any other individuals who witnesses the alleged act of abuse besides yourself. Follow the instructions on Attachment B for providing the necessary information.

VIII. SIGNATURE

The Eyewitness must sign this form.

Signed on: _____
(Date)

(Signature)

(Printed Name)



ATTACHMENT A

DETAILED DESCRIPTION OF THE ALLEGED ACT OF ABUSE

Additional pages may be used if necessary.



ATTACHMENT B

IDENTIFICATION OF OTHER WITNESSES

Please provide the following information for each additional witness. Additional pages may be used is necessary.

Name: _____ USEF Membership #: _____

Email Address: _____

Preferred Phone Number: (_____) _____

Capacity at Competition: _____

Relationship to Accused (if any): _____

Are they willing to speak to Regulation Department Staff: Yes _____ No: _____

Name: _____ USEF Membership #: _____

Email Address: _____

Preferred Phone Number: (_____) _____

Capacity at Competition: _____

Relationship to Accused (if any): _____

Are they willing to speak to Regulation Department Staff: Yes _____ No: _____

Name: _____ USEF Membership #: _____

Email Address: _____

Preferred Phone Number: (_____) _____

Capacity at Competition: _____

Relationship to Accused (if any): _____

Are they willing to speak to Regulation Department Staff: Yes _____ No: _____