

Report of Alleged Infraction (ROAI) Form

For grievance against a judge, the test committee, or a member of the test committee

The procedures to be followed are completely outlined in the *NCA Working Dog Grievance Procedures*. The following is a brief summary of the steps to be taken when filing a grievance.

- ◆ This form and any *Witness Statement Forms* must be completed and sent to the NCA Working Dog Committee Chairperson by Certified Mail with Return Receipt Requested and **MUST BE POSTMARKED WITHIN THREE DAYS** of the test date in question.
- ◆ Items that are not postmarked within three days of the test **WILL NOT** be considered.
- ◆ A \$15.00 non-refundable fee must accompany the completed form.

Test Date: _____ Type of Test (circle one): Water Draft

Test-giving club: _____

Test Chairperson: _____ Test Secretary: _____

Names of individuals filing grievance: _____

Were you an exhibitor at the test in question (initial on line)? Yes _____ No _____

Were you a spectator at the test in question (initial on line)? Yes _____ No _____

Were you a steward at the test in question (initial on line)? Yes _____ No _____

Were you in any other official capacity at the test in question (initial on line)? Yes _____ No _____

If yes, what was your official capacity? _____

Please list others who witnessed and can support the alleged infraction: _____

- ◆ Each person listed above **must** fill out a *Witness Statement Form*. These forms must be included in the original packet with the *Report of Alleged Infraction (ROAI) Form* in order to be considered.

Name of individuals or club committee you are filing a grievance against: _____

Please write a concise description of the actions you think constitute an infraction of the NCA Regulations or "conduct prejudicial to the sport." Please be as specific as possible when stating names of those involved, locations, and times of the alleged actions. (Use the back of this page if needed.)

I affirm that the information on this form is true and that I personally witnessed the actions described.

Signed: _____ Date _____

Address: _____ Phone Number: _____

Signed: _____ Date _____

Address: _____ Phone Number: _____

Signed: _____ Date _____

Address: _____ Phone Number: _____