

OBRA Code of Conduct Violation Form

Your name:

Email:

Phone:

Do you wish to remain anonymous? Y/N

Are you reporting for yourself or on behalf of someone else?

Date of Incident

Location of Incident

Please Describe the incident:

Were there any witnesses? If so, please provide names and contact information.

Has the incident been reported to any other entity?

What is your ideal outcome of this complaint?

Please email this form to OBRA Executive Director, Chuck Kenlan at ckenlan@obra.org