



## NOTICE OF VIOLATION

Please print or type:

### PERSON REGISTERING COMPLAINT

Name:	Home Phone: ( )	Bs. Phone: ( )
Address:	City:	
State:	County:	Zip Code:

### COMPLAINT REGISTERED AGAINST

Business Name:	Bs. Phone: ( )
Address:	City:
State:	County: Zip Code:
Producer:	Director:
1st Asst. Director:	2nd Asst. Director:
Violation by:	Title:

### STATE DETAILS OF VIOLATION

Please be as accurate as possible, giving pertinent facts that will substantiate violation. If witness wishes to be anonymous, state so. (Use other side if necessary.)

Date:	Time:	Location:

Will you be willing to testify at a hearing if necessary?      YES      NO

NAMES OF MINORS	SCHOOL	BIRTHDATE	PERMIT EXP. DATE

I certify all information which I have given herein to be true, correct, and complete to the best of my knowledge.

STUDIO TEACHER (signature) \_\_\_\_\_ Date \_\_\_\_\_