



# ETHICS VIOLATION REPORT FORM

If you're aware of behavior by someone that might constitute an ethics violation or you are a Registered Technologist and think you may have violated our Rules of Ethics-- it's important to report the activity to ARRT. Use this form to report a potential violation of ARRT's Standards of Ethics.

If you're a student, **don't** use this form. Instead:

- If you have *more* than eight months left until graduation, submit an [Ethics Preapplication form \(https://www.arrt.org/ethics-preapp\)](https://www.arrt.org/ethics-preapp).
- If you have *fewer* than eight months left until graduation, answer the ethics questions on your application, then send supporting documentation.

**Provide as much information as possible to assist ARRT's review.**

### Technologist's information

Name: \_\_\_\_\_ ARRT ID#: \_\_\_\_\_  
Last First M.I.

DOB: \_\_\_\_\_ Job Title: \_\_\_\_\_

Technologist's Address: \_\_\_\_\_

Date(s) of Incidents: \_\_\_\_\_ Date of Discovery (if different from date of incident): \_\_\_\_\_

Was violation work-related?  Yes  No, skip this section

Name of facility: \_\_\_\_\_

Address where incident occurred: \_\_\_\_\_

Was the incident(s) reported to another agency or law enforcement?  Yes  No  Unsure

If Yes, to whom was it reported? \_\_\_\_\_ On what date was it reported? \_\_\_\_\_

Case #: \_\_\_\_\_ What was the outcome? \_\_\_\_\_

Are you reporting yourself?  Yes, skip this section  No, complete this section

It is important to mention that although ARRT accepts anonymous reports, we cannot guarantee anonymity. If you prefer to remain anonymous, please avoid including any information that could identify you, such as your name, contact details, or specific circumstances that might reveal your identity. However, please be aware that remaining anonymous may limit our ability to follow up or investigate thoroughly.

Your Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Your relationship to Technologist: \_\_\_\_\_



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If the allegations in your report are determined to be potential violations of *ARRT's Standards of Ethics*, an investigation may be opened.

\* Please complete the Explanation of Incident(s) section with your description of the incident. Include any supporting documents, if available. NOTE: Please do not include any sensitive information (e.g., medical records, social security number, driver's license, and protected health information), graphic pictures, etc. **Any electronic attachments you want to include must be PDF or converted to PDF.**

## EXPLANATION OF INCIDENT(S)

Please provide a legible narrative of incident(s) below (use additional pages if necessary):

Are you a Registered Technologist reporting yourself?  Yes, continue below  No, skip this section

If the violation you are reporting occurred more than 30 days prior to you submitting this form, please include an explanation for delayed disclosure.



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I certify that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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## How to submit this form

To submit this report to the ARRT, use one of the following methods:

**Email:** [ethicsnotifications@arrt.org](mailto:ethicsnotifications@arrt.org)

**Mail:** ARRT, Attention: Ethics Requirements Department, 1255 Northland Drive, St. Paul, MN 55120-1155

**Fax:** Attention: Ethics Requirements Department, 651.687.0449

*If you have any questions regarding this form, please contact the ARRT Ethics Requirements Department at 651.687.0048, and select the option for Ethics Requirements.*