



ETHICS VIOLATION REPORT FORM

If you're an R.T. and you think you may have violated our Rules of Ethics--or you're aware of behavior by someone else that might constitute an ethics violation--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.art.org/ethics-preapp) (<https://www.art.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 Name: _____ ARRT ID#: _____

Technologist's DOB: _____ Technologist's Job Title: _____

Technologist's Address: _____

Your relationship to Technologist: _____ Date(s) of Incident(s): _____

Date of Discovery: _____

Name and Address of Facility/Location Incident Occurred: _____

Name and Phone Number of Contact Person at Facility: _____

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? _____

* Please complete the Narrative of Incident(s) on the following page with your description of the incident. Include any supporting documents, if available.

PERSON MAKING REPORT

Your Name: _____
Last First M.I.

Address: _____
Number & Street City State ZIP

Home Phone: _____ Work Phone: _____ Best Time to Call: _____

If the allegations in your report are determined to be potential violations of ARRT's *Standards of Ethics*, an investigation may be opened. Please note that, although ARRT accepts anonymous reports, we cannot guarantee anonymity. ARRT may contact you for additional information or clarification of the circumstances noted in your report. If no contact information is provided, the ability for ARRT to move forward with an investigation may be limited.



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NARRATIVE OF INCIDENT(S)

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

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

Signature

Date

Printed Name



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REPORT SUBMISSION

To submit this report to The American Registry of Radiologic Technologists® (ARRT®), please print this document and submit your report by one of the following methods:

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

Fax: Attention: Ethics Requirements Department, 651.687.0449

Email: ethicsnotifications@arrt.org

Note: This email is only used for submission of this form and not for communication about the status of ethics reviews or submission of requested information.

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.