



ETHICS VIOLATION REPORT FORM

If you are a Registered Technologist 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.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 and Address of Facility/Location 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

Your Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

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

Your relationship to Technologist: _____



* Please complete the Narrative of Incident(s) on the following page 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.

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

[illegible]

If the violation you are reporting occurred more than 30 days from the date of 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

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

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.