



# 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: \_\_\_\_\_



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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 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.

\* Please complete the Narrative 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.

## NARRATIVE OF INCIDENT(S)

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

Are you a Registered Technologist?  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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## 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](mailto: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.*