



ETHICS COMPLAINT FORM

Please complete the following form to the best of your ability. Answers may be provided on the form or on a separate page.

A complaint is being filed against:

Name and Title of Athletic Therapist

Employer (if known)

Address

City

Province

Postal Code

Phone:

Please provide the following information on a separate page and attach to this form.

1. Identify the section of the CATA Code of Ethics that you feel is alleged to have been violated.
2. Provide a detailed factual scenario setting forth all relevant facts in support of your assertion of a violation(s).
3. Provide the name(s) and contact information (phone number preferred) of any and all witnesses to the alleged violation or violations.
4. Provide a list of all documentation (and all copies of those documents) supporting your assertion of said violation(s).

Name of Complainant

Phone

Date

Signature of Complainant

Please mail or fax: Ethics Chairperson, Canadian Athletic Therapists Association
400 5th Avenue, S.W., #300 Calgary, Alberta T2P 0L6 Fax 403.509.2280