**UWA Athletic Training Misconduct Report**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Individual Reporting |  | Date of Report |
|  |  |  |
| Individual Being Reported |  | Date of Incident |
|  |  |  |
| Email of Reporting & Reported |  |  |

|  |  |
| --- | --- |
| **Check Deficient Behaviors:** | **Specific Behavior Comments:** |
| * Late for AM treatment
 |  |
| * Missed AM treatment
 |  |
| * Late for PM treatment
 |  |
| * Missed PM treatment
 |  |
| * Late for clinical assignment
 |  |
| * Missed clinical assignment
 |  |
| * Improper appearance/hygiene
 |  |
| * Failure to communicate as expected
 |  |
| * Failure to uphold a previously communicated professional expectation
 |  |
| * Other (Use Specific Behavior Comments box)
 |  |

|  |
| --- |
| Overall Comments:  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Individual Reporting Signature |  | Date |
|  |  |  |
| Individual Reported Signature |  | Date |
|  |  |  |
| Witness Signature |  |  |