**UWA Athletic Training Misconduct Report**

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

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| --- | --- |
| **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) |  |

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| Overall Comments: |
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| --- | --- | --- |
| Individual Reporting Signature |  | Date |
|  |  |  |
| Individual Reported Signature |  | Date |
|  |  |  |
| Witness Signature |  |  |