



Canadian Athletic Therapy Association 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)

Phone No:

Address:

City:

Province:

Please answer the following questions on a separate page and attach to this form.

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

Name of Complainant

Date

Signature of Complainant

Contact #

Please mail/or fax to: Ethics Chairperson, Canadian Athletic Therapists Association. National Office Suite 402 – 1040 7th Avenue S.W., Calgary, AB, T2P 3G9, Fax # (403) 509-2280