The University of Texas at Austin
Athletic Training Education Program
Violation of Clinical Policies and Procedures Report Form

Date of report: _____ Date of incident: _____

Student's name: _____

Name of person making report _____

Clinical Setting / Rotation _____

Please provide a detailed explanation of the violation below. Please include dates, details regarding any actions taken by the clinical setting's staff, and names of witnesses. Please attach additional pages as needed.

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Reporter's signature and date Student's signature and date

- - This Side For Program Director's Use - -