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## ETHICS VIOLATION REPORT FORM

Use this form to report a potential violation of TCA's *Standards of Ethics*.

**Provide as much information as possible to assist TCA's review.**

Certified Professional's Name: \_\_\_\_\_ TCA ID#: \_\_\_\_\_

Certified Professional's DOB: \_\_\_\_\_ Certified Professional's Job Title: \_\_\_\_\_

Certified Professional's Address:  
\_\_\_\_\_

Your relationship to Certified Professional:  
\_\_\_\_\_

Date(s) of Incident(s): \_\_\_\_\_ Date of Discovery: \_\_\_\_\_

Name and Address of Facility/Location Incident Occurred: \_\_\_\_\_

Name and Phone Number of Contact Person at Facility: \_\_\_\_\_

Was the incident(s) reported to another agency or law enforcement?  Yes  No  Unsure

If Yes: To whom was it reported? \_\_\_\_\_ On what date was it reported? \_\_\_\_\_

Case #: \_\_\_\_\_ What was the outcome? \_\_\_\_\_

\* Please complete the Narrative of Incident(s) on the following page with your description of the incident. Include any supporting documents, if available.



## PERSON MAKING REPORT

Your Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number & Street City State ZIP

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

