Disciplinary Incident Report for Clinical Education

Name ________________________________ UD Student # ________________________________
Incident Date __________________________ Incident Location ________________________________
Witnesses ____________________________________________________________

Reason for Report:
☐ Insubordination
☐ Unexcused Absences
☐ Sexual Harassment
☐ Drug / Alcohol Abuse
☐ Violation of NATA Code of Conduct
☐ Conduct Unbecoming an Athletic Trainer
☐ Unprofessional Behavior
☐ Chronic Tardiness
☐ Falsifying Hours
☐ Dress Code Violations
☐ Theft / Vandalism
☐ Academic Dishonesty
☐ HIPAA & FERPA Violations
☐ Other ____________________________

Incident Description (use the reverse side if necessary) __________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
I, the undersigned, understand that my signature below IS NOT necessarily an admission of guilt, but rather an acknowledgement of the report. The Athletic Training Infractions Hearing Committee will review each disciplinary report on a case-by-case basis. I also understand that any refusal to sign this document will be considered an admission of guilt and subsequent disciplinary action will be taken as outlined in the University of Delaware Athletic Training Education Program “Yellow Card” Infraction Policy.

ATS/ATI Student Signature ____________________________________________ Date _______
Preceptor Signature ____________________________________________ Date _______

☐ I accept the nature and content of this report, and accept the consequences associated with my behavior
☐ I desire to have this case reviewed by the ATEP Infractions Hearing Committee in order to adjudicate it on my behalf

Committee Comments/Remarks:

PD Signature ____________________________________________ Date _______
CC Signature ____________________________________________ Date _______
ATEP Infractions Hearing Committee Signature ________________ Date _______

Yellow Card Issued (1) (Date) Yellow Card Issued (2) (Date) Yellow Card Issued (3) (Date)
Suspension Issued (Date) Red Card Issued (Date) Yellow Card Rescinded (Date)