



## Grievance Submission Form

### STANDARDS and/or CODE OF ETHICS VIOLATIONS

Thank you so much for your attention to the standards of our PATH Intl. Member Centers and Certified Professionals. PATH Intl. is constantly striving to uphold the highest levels of safety, ethics and effectiveness in the field of equine-assisted activities and therapies (EAAT) at its centers and programs, and it is the concern and diligence of people like you that allows us to maintain these high standards.

If you have a complaint regarding the conduct of a PATH Intl. Member Center, PATH Intl. Certified Professional, or the safety of a program participant, please fill out the appropriate information below and briefly describe your concerns.

Your identity is a requirement and will be shared with the center or individual in question.

PATH Intl. takes every grievance seriously and will take every step necessary to ensure the safety of our participants and integrity of our members. Please be aware that we are not always able to personally investigate or visit those in question. We will, however, do everything in our capacity to resolve the issue.

Again, thank you for your dedication to safe, fair and ethical behavior in the EAAT field and maintaining the integrity of PATH Intl. and PATH Intl. Members.

**INSTRUCTIONS:** Please check the appropriate boxes and provide the name of the center or individual. (\* = required information)  
If you have multiple grievances, please fill out a separate form for each.

PATH Intl. Member Center

OR

PATH Intl. Individual Member

Name\* \_\_\_\_\_

Name\* \_\_\_\_\_

City & State\* \_\_\_\_\_

City & State\* \_\_\_\_\_

**Please indicate the general category of the complaint\***

Facilities  Equipment  Safety/Knowledge  Equine Welfare  Ethics/Code of Conduct  Other (specify) \_\_\_\_\_

Please keep your description brief. You may use the back of this form or another sheet. Where possible, please reference *specific* standard numbers or PATH Intl. Code of Ethics principles and guidelines in your narrative.

#### YOUR CONTACT INFORMATION\*

Name\* \_\_\_\_\_ Address\* \_\_\_\_\_

Email Address\* \_\_\_\_\_ Phone\* \_\_\_\_\_

If you need to submit any additional information (e.g., pictures, articles or documentation), please feel free to do so.  
Send all inquiries to: PATH Intl. , "Confidential," PO BOX 33150, DENVER CO 80233