



Professional Association of Therapeutic Horsemanship International Grievance Submission Form

Professional Association of Therapeutic Horsemanship International

Onsite Workshops & Certification and Approved Training Course

Thank you so much for your attention to the standards of our PATH Intl. member centers and instructors. 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. instructor, or a program participant, please fill out the appropriate information below and briefly describe your concerns. We will carefully read and consider your comments, and if action needs to be taken we will speak with those involved.

Your identity is a requirement but be assured it will remain anonymous to the center or individual in question throughout this process. This grievance form should only be used to report unsafe, unethical or unfair conduct on the part of a PATH Intl. accredited center or PATH Intl. certified staff. **Please DO NOT use this form to contest the results of your exam, site visit or certification. If you have a question about the outcome of your accreditation or certification process, please contact Tara McChesney at (800) 369-7433, ext. 114.**

PATH Intl. takes every complaint 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 field of equine-assisted activities and therapies and maintaining the integrity of PATH Intl. and PATH Intl. members.

INSTRUCTIONS:

Please check the appropriate box and fill in as complete as possible (* = **required information**).

If you have multiple grievances, please fill out a separate form for each.

Onsite workshop & certification host

Onsite workshop & certification faculty

Host Site* _____

Host Affiliation* _____

Facilities Equipment Animals Other

Certification Code of Conduct Safety Other

Approved Training Course

Center Affiliation* _____

Faculty Safety Equipment Animals Facilities Other

Please keep your description brief. You may use the back of this form.

CONTACT INFORMATION*

*Name _____ *Address _____
*Email _____ *Phone work _____ cell _____ home _____

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