QUALITY ASSURANCE REPORT FORM

PADI Members must report in writing all violations of PADI Standards that they witness personally. Use this form to report only firsthand accounts of PADI Training Standards violations – do not report rumors or supposition. Be specific and provide as much detail as possible. Anonymous reports may not be accepted. Keep in mind that PADI monitors and enforces PADI Training Standards and has no jurisdiction beyond the context of PADI-related activities.

Confidentiality is maintained whenever possible, however, some aspects may be waived to allow for a more thorough inquiry. It is possible that the complainant's name may be released at PADI's sole discretion in the course of due process.

If you have any questions about the use of this form, or if you would like to discuss the appropriateness of any report, please contact the Quality Management Department.

PRINT CLEARLY

IDENTIFYING INFORMATION

Name of PADI Member you are reporting _____

PADI Member number, if known _____

Member's location : City _____ State/Province _____ Country _____

General nature of violation(s) _____

Date(s) of witnessed violation(s) _____

Location(s) of witnessed violation(s) _____

_____

TRAINING AND DIVE INFORMATION

Level(s) of PADI instruction being conducted at the time(s) of the violation(s) _____

Diving conditions, if applicable (depth, water temperature, currents, surf, visibility, etc.) _____

_____

Name(s) of any other PADI Member(s) participating in the training (e.g., PADI Divemasters) _____

_____

SUMMARY OF WITNESSED VIOLATIONS

Be specific. Use additional paper if necessary. If there are any other witnesses who can support your report, please include their names and contact information.

_____

_____

_____

_____

_____

_____

_____

_____

SUMMARY OF WITNESSED VIOLATIONS (continued)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

COMPLAINANT INFORMATION

I certify that I have personally observed the above occurrence(s). I understand that false reports of violations made for competitive, political or financial reasons may be grounds for action against me.

Signature _____ Date _____
                                                                                              Day/Month/Year

Name (please print) _____

PADI Member No. (if applicable) _____

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/PostalCode _____

Business Phone (_____) _____ Home Phone (_____) _____

Fax (_____) _____ Email _____