

Mandatory Reporting Form

This form is for employers, facility operators or health professionals to use for the purpose of fulfilling their mandatory reporting duties set out in the *Health Professions Procedural Code (Code)*, which is Schedule 2 to the *Regulated Health Professions Act (RHPA)*.

The Regulated Health Professions Act requires opticians and members of the public who employ or who work with health care professional to inform the appropriate health college about inappropriate conduct of their employees and associates. Opticians and non-opticians are partners in protecting the public by ensuring that the health professionals they work with are held accountable.

For more information about mandatory reporting obligations for employers and facility operators, please [click here](#). For more information about mandatory reporting obligations for opticians, please [click here](#). Alternatively, please contact the College directly.

This form does not address complaints by members of the public regarding the conduct of an optician, opticians' duty to report their own conduct, or opticians' other reporting duties that arise under privacy or other legislation. For more information on filing a complaint or making other reports, please contact the College or [click here](#).

Person Making the Report:

Name: _____

Workplace/Facility: _____

Address of Workplace/Facility: _____

Position: _____

Preferred Contact Number: _____

Email: _____

Regulated Health Profession you belong to (if applicable): _____

Type of Mandatory Report:

Please check all applicable boxes:

I am a **HEALTH PROFESSIONAL** who is reporting the following concern(s) under section 85.1 of the *Code*:

sexual abuse of a patient by a health professional

I am a **FACILITY OPERATOR** who is reporting the following concern(s) under section 85.2 of the *Code*:

sexual abuse of a patient by a health professional

incompetence of a health professional

incapacity of a health professional

I am an **EMPLOYER** who is reporting under section 85.5 of the *Code*:

that a health professional has been terminated, suspended or had privileges revoked/restricted due to: professional misconduct / incompetence / incapacity

that a health professional has resigned or voluntarily relinquished his/her privileges in relation to that health professional's professional misconduct / incompetence / incapacity

Report Details:**Information about the optician/health professional being reported:**

Name: _____

Registration Number (if known): _____

Workplace/Facility: _____

Address of Workplace/Facility: _____

Position (if known): _____

For Facility Owners/Employers:

Date of hire: _____

Date of termination/resignation: _____

Details of the circumstances giving rise to this report:

Date(s): _____

Location(s): _____

Did the incident(s)/event(s) relate to one or more patients? yes / no

If yes, please provide the following information (note that if the report is related to a particular patient, you must provide the name of the patient; however, **the name of a patient who may have been sexually abused must NOT be included in this report unless the patient has consented in writing to the inclusion of his/her name**):

Name of patient(s): _____

Contact information of patient(s) (telephone or email): _____

Details of the alleged sexual abuse / professional misconduct / incompetence / incapacity (*please attach additional sheet(s), if necessary*):

Details of any action taken by the Employer: _____

Names, addresses and telephone numbers of all persons present during the incident(s)/event(s):

Other comments/information: _____

This form may be emailed, faxed or mailed to:

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Toronto, ON M5H 3V9
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Fax: 416-368-2713