



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 <u>click here</u>. For more information about mandatory reporting obligations for opticians, please <u>click here</u>. 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:

me:
orkplace/Facility:
dress of Workplace/Facility:
sition:
eferred Contact Number:
nail:
gulated 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: \square professional misconduct / \square incompetence / \square incapacity that a health professional has resigned or voluntarily relinquished his/her privileges in relation to that health professional's \square professional misconduct / \square incompetence / \square 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? \square yes / \square 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:
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This form may be emailed, faxed or mailed to:

The College of Opticians of Ontario 90 Adelaide St. W., Suite 300 Toronto, ON M5H 3V9 complaints@collegeofopticians.ca

Fax: 416-368-2713