



# Mandatory Reporting Form

## For Employers, Facility Operators & Health Professionals

This form is for employers, facility operators or health professionals (including pharmacists, pharmacy technicians, registered students and interns) who are required to report a concern as outlined in the *Regulated Health Professions Act (RHPA)*. Should you wish to report a concern that falls outside those mandatory reporting duties mentioned below please email [concerns@ocpinfo.com](mailto:concerns@ocpinfo.com) or visit <http://www.ocpinfo.com/protecting-the-public/complaints-reports/>

Date: .....

### Type of Mandatory Report:

Please check all applicable boxes:

Under the RHPA section 85.1 **health professionals** are required to report, if they believe:

- that a health professional has sexually abused a patient

Under the RHPA section 85.2 **facility operators** are required to report, if they suspect:

- sexual abuse of a patient by a health professional
- that a health professional is incompetent
- that a health professional is incapacitated

Under the RHPA section 85.5 **employers** are required to report:

- termination, suspension, or revocation of privileges of a regulated health professional for reasons of:
  - professional misconduct
  - incompetence
  - incapacity
- an intention to terminate, suspend or revoke privileges of a regulated health professional — but the employee voluntarily relinquished privileges or resigned beforehand. For reasons of:
  - professional misconduct
  - incompetence
  - incapacity

### Reporter Information:

**OCP Members & Other Health Professionals:**

Name: .....

Profession: .....

Workplace: .....

Phone: ..... Fax: ..... Email: .....

**Facility Operators & Employers (if applies):**

Name of Facility: .....

Street Address: .....

City: ..... Postal Code: .....

Name of Contact Person: .....

Position: .....

Phone: ..... Fax: ..... Email: .....



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### Report Details:

**Setting (choose one):**

- Community practice
- Hospital setting
- Long-term care facility
- Other: .....

**Name and Address of Pharmacy:** .....

.....

**Information About Member Being Reported:**

Name: .....

OCP number (if known): .....

Address (if known): .....

Member's role:

- Designated Manager
- Owner/Associate
- Staff
- Other: .....

*For Facility Operators and Employers only:*

Date member was hired: .....

Date of termination or resignation: .....

Employment status:

- Full-time
- Part-time
- Casual
- Employed through an agency (relief)



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Describe the event(s) that led to this report (who, what, where, when and why) in reverse-chronological order starting with the most recent.

Date: .....

Incident/Event:

Consequences to the Patient:

Member's Response/Explanation:

Employer Action:



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Other Comments:

### Submitting the Report:

Please submit this form via one of the following ways:

1. Scan and email a copy to [concerns@ocpinfo.com](mailto:concerns@ocpinfo.com)
2. Fax a copy to (416) 847-8499 to the attention of  
Liisa Nasu, *Program Specialist*
3. Mail a copy to:  
Ontario College of Pharmacists  
Investigations and Resolutions  
Attention: Liisa Nasu  
483 Huron Street  
Toronto, ON M5R 2R4

If you would like to talk to someone about your mandatory reporting obligations as an employer, facility operator or health professional please contact:

[concerns@ocpinfo.com](mailto:concerns@ocpinfo.com) or phone 1-800-220-1921 ext. 2212.

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