



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 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 Registrants & 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:

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Information About Registrant Being Reported:

Name:

OCP number (if known):

Address (if known):

Registrant's role:

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

For Facility Operators and Employers only:

Date registrant 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:

Registrant'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
2. Fax a copy to (416) 847-8499 to the attention of
Intakes, Conduct Operations
3. Mail a copy to:
Ontario College of Pharmacists
Intakes, Conduct Operations
483 Huron Street
Toronto, ON M5R 2R4

If you require assistance, please contact the Intakes Team at (416) 962-4861 or
Toll Free: 1-800-220-1921 ext. 3800 or email concerns@ocpinfo.com.

Please note that the College cannot assist employers, facility operators, or regulated health professionals in determining their legal obligation to make a mandatory report.
