

*TO BE COMPLETED BY RHRA ONLY*

Initial Contact Date:

Date Report Received:

Time Report Received:

Name of Intake

Representative:

Date sent to Compliance:

Time sent to Compliance:

## **INCIDENT REPORT FORM**

This form is intended to assist licensees with reporting incidents involving harm or risk of harm to residents under Section 75 of the *Retirement Homes Act, 2010* (Act). Please submit this form by fax to 1-855-631-0170 or by email to [info@rhra.ca](mailto:info@rhra.ca). Reports may also be made by contacting the RHRA at 1-855-ASK-RHRA (1-855-275-7472) and speaking with an Intake Representative.

### **I. Retirement Home Information**

Home Name:

### **II. Contact Information**

Name of Person

Position/Title:

Reporting:

Phone Number:

Email Address:

### **III. Resident Information**

Please provide the name, room number and telephone number (if appropriate) of the resident or residents who are the subject of the report.

If the above resident(s) have a Substitute Decision Maker (SDM), please indicate his or her name and contact information.

Name of Resident	Name of SDM	Contact Information for SDM

Please indicate if the resident and SDM, if any, is aware that you are making this report.

Please indicate whether the resident(s) subject to this report are in a subsidized unit and identify the source of the funding or subsidy, for example, the Ministry of Health and Long-Term Care, the Ministry of Community and Social Services, or a municipality.

**IV. Persons Who Witnessed the Incident (or other pertinent parties)**

Name	Title/Position <i>(if applicable)</i>	Telephone Number
1.		
2.		
3.		
4.		
5.		

**V. Incident Report**

**Nature of Incident: *(Please select the type that applies)***

**Harm or risk of harm to a resident set out under section 75(1) of the Act including:**

1. Improper or incompetent treatment or care of a resident.
2. Abuse of a resident by anyone or neglect of a resident by a licensee or the staff of the retirement home. (Abuse includes emotional, financial, physical, sexual and verbal).
3. Unlawful conduct (eg. theft of medication by staff).

**Misuse or misappropriation of a resident's money.**

**Details of Incident(s): *(Please include the relevant details)***

a) What was the incident(s)?

b) When did the incident(s) occur?

c) When was the incident(s) discovered by/reported to the home? (if different than above)

**VI. Response and Follow-up**

Describe the home's response to the incident, if any.

**VII. Other Relevant Information**

Please include any other relevant information including confidentiality, language and other considerations.

**NOTICE**

The RHRA Information Access and Privacy Code applies with respect to the information a licensee provides to the RHRA through this form. The Code is available on the RHRA's website under "RHRA Policies" through the "Governance and Regulation" tab. The RHRA will restrict its use of any personal health information it collects through this form for the purpose of carrying out its duties under the *Retirement Homes Act, 2010*, including responding to the licensee's report.

**Name**

**Position/Title**

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Action Taken

Date