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## GENERAL INSTRUCTIONS

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This form is intended to assist licensees and any retirement home staff with reporting any alleged, suspected or witnessed abuse and/or neglect of a **resident** when they have reasonable grounds to suspect harm or risk of harm to residents under Section 75 of the Retirement Homes Act, 2010 (Act).

While completing this form, you may view definitions by hovering your cursor over words or phrases in **orange** font. These definitions pertain only to use of this Incident Report Form and do not replace the definitions set out in the *Retirement Homes Act*.

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## HOW TO SUBMIT THIS FORM

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The completed form may be mailed/faxed or emailed to:

**Retirement Homes Regulatory Authority**

Attention: Complaints Intake

55 York Street, Suite 700

Toronto, ON M5J 1R7

Fax: 1-855-631-0170

Email: [info@rhra.ca](mailto:info@rhra.ca)

To create an email with this completed form attached, click the **Submit Form** button included at the end of this form. Reports may also be made by speaking with an Intake Representative at the RHRA:

[1-855-ASK-RHRA \(1-855-275-7472\)](tel:1-855-ASK-RHRA)

## RETIREMENT HOME INFORMATION

**Retirement Home** Name: \_\_\_\_\_

Licence Number: \_\_\_\_\_

Retirement Home Address

Street Number: \_\_\_\_\_

Street Name: \_\_\_\_\_

City, Town, or Village: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## CONTACT INFORMATION

Name of Person Reporting: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**RESIDENT INFORMATION**

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Please provide the name, room number and contact information (if known) of the resident who is the subject of the report.

Resident Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

If this resident is in a subsidized unit, identify the source of funding or subsidy, for example, the Ministry of Health and Long Term Care, the Ministry of Community and Social Services, or a municipality.

Source of funding or subsidy: \_\_\_\_\_

If the above resident has a **Substitute Decision Maker (SDM)**, please provide their contact information.

SDM Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the resident (and SDM, if any) aware you are making this report?

Yes No

If another resident was involved, please provide their information below.

Resident Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

If this resident in a subsidized unit, identify the source of funding or subsidy, for example, the Ministry of Health and Long Term Care, the Ministry of Community and Social Services, or a municipality.

Source of funding or subsidy: \_\_\_\_\_

If the above resident has a **Substitute Decision Maker (SDM)**, please provide their contact information.

SDM Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the resident (and SDM, if any), aware you are making this report?

Yes No

**WITNESSES OR OTHER PERTINENT PARTIES**

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**WITNESS**

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Name:

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Position/Title:

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Phone Number:

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**WITNESS**

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Name:

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Position/Title:

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Phone Number:

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**WITNESS**

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Name:

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Position/Title:

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Phone Number:

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**INCIDENT REPORT**

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**What is the nature of the incident?**

I have reasonable grounds to suspect harm or risk of harm to a resident set out under section 75(1) of the Act in relation to: (Select all types that apply.)

Improper or incompetent treatment or care of a resident

Abuse of a resident by anyone (includes emotional, physical, sexual, verbal and/or financial abuse)

Neglect of a resident by a licensee or the staff of the retirement home

Unlawful conduct (e.g., theft of medication by staff, unlawful fees are charged, unlawful eviction)

Misuse or misappropriation of a tenant's money (whether there is harm or a risk of harm)

**Details of the Incident(s)**

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Date of the incident(s):

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Date the incident(s) was discovered/reported to the home:

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Description of the incident(s): (Please include all relevant details.)

**RESPONSE AND FOLLOW-UP**

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Describe the home's response to the incident(s), if any, and provide the name of the home's Primary Contact. (Please include all relevant details, including contact information for the home's Primary Contact.)

**OTHER RELEVANT INFORMATION**

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Please provide other relevant information including confidentiality, language, or other considerations.

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**NOTICE**

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The RHRA Information Access and Privacy Code applies with respect to the information a licensee or retirement home staff member 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 or retirement home staff's report.

Name:

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Date:

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To create an email with this completed form attached, save the form then click Submit Form.