
GENERAL INSTRUCTIONS

Do you have concerns about an incident at a licensed retirement home that has or could result in harm to a resident(s)? If so, please complete and submit this form so RHRA is aware of the incident and can take appropriate action.

Anyone who sees or suspects a situation that harms or puts a resident(s) at risk of harm must report it to RHRA. Family members, substitute decision makers, retirement home staff and operators all have the same responsibility to help protect the resident. Regulated health professionals such as doctors, nurses and social workers are also obligated to report harm or risk of harm to a resident(s).

Reports of harm or risk of harm can be made anonymously – **you do not have to provide your name or contact details when reporting.**

To help you complete and understand this form, some words or phrases are marked with a dashed underline to indicate that definitions are available. The definitions are available in the section below:

- **Resident(s):** A person who lives in a licensed retirement home.
- **Retirement Home:** A residential complex or part of a residential complex which has been licensed to operate as a retirement home by RHRA.
- **Substitute Decision Maker (SDM):** A person who is legally authorized to make a decision or to give or refuse consent on behalf of another person when required. This could, for example, include a Power of Attorney (POA).
- **Incident:** Alleged, suspected or witnessed abuse or neglect of a resident(s), and/or other behaviour that results in harm or risk of harm to the resident(s).

To help make it easier for you, we've included instructions below for each section. If you have questions or want us to help you fill out this form, just give us a call: [1-855-ASK-RHRA \(1-855-275-7472\)](tel:1-855-ASK-RHRA).

HOW TO SUBMIT THIS FORM

The completed and saved form may be mailed, faxed, or emailed:

Email

Once you have completed the form, save it to your computer and email it to info@rhra.ca.

Fax

1-855-631-0170

Mail

Retirement Homes Regulatory Authority

Attention: Complaints Intake
55 York Street, Suite 700
Toronto, ON M5J 1R7

DETAILS OF PERSON REPORTING HARM OR RISK OF HARM

Name of Person Reporting: _____

Position or Title: (if applicable) _____

Phone Number: _____

Email Address: _____

How do you prefer to communicate with the RHRA:

Email

Phone

RETIREMENT HOME INFORMATION

Retirement Home Name: _____

License Number: _____

Retirement Home Address

Street Number: _____

Street Name: _____

City, Town, or Village: _____

Postal Code: _____

RESIDENT INFORMATION

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

Resident Name: _____

Suite Number: _____

Phone Number: _____

Email Address: _____

If you know whether the resident is in a subsidized suite (meaning they receive financial help from the government, a hospital or other program to help pay for their suite) please indicate the source of funding/subsidy below. If you do not know, please leave this field blank.

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

RESIDENT 2 INFORMATION

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

Resident Name: _____ Suite Number: _____

Phone Number: _____ Email Address: _____

If you know whether the resident is in a subsidized suite (meaning they receive financial help from the government, a hospital or other program to help pay for their suite) please indicate the source of funding/subsidy below. If you do not know, please leave this field blank.

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

STAFF OR CARE PROVIDER INFORMATION (if applicable)

A staff member of the home or an external care provider who is alleged or known to be involved in this incident.

STAFF MEMBER 1

Name: _____

Position: _____

STAFF MEMBER 2

Name: _____

Position: _____

STAFF MEMBER 3

Name: _____

Position: _____

WITNESS INFORMATION

Anyone (staff, care provider, family member, friend) who saw the **incident** taking place.

WITNESS 1

Name:

Phone Number:

Position or Title: (if applicable)

WITNESS 2

Name:

Phone Number:

Position or Title: (if applicable)

WITNESS 3

Name:

Phone Number:

Position or Title: (if applicable)

TELL US ABOUT THE INCIDENT

What is the nature of the incident?

I believe that there is harm or risk of harm to a resident related to (select all types you think apply):

Improper or incompetent treatment or care of a resident. This could include mishandling of a resident during care or a mistake/error in providing care (e.g., with medications).

Abuse of a resident by anyone. This could include emotional, physical, sexual, verbal and/or financial abuse.

Neglect of a resident by a licensee or the staff of the retirement home. This could include a failure to provide care or assistance to a resident.

Unlawful conduct. This could include theft of medication by staff, unlawful fees being charged, unlawful eviction, or other illegal activity.

Misuse or misappropriation of a resident's money.

DETAILS OF THE INCIDENT(S)

Date of the incident(s):

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

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

RESPONSE AND FOLLOW-UP

Describe the retirement home's response to the incident(s), if any, and provide the name of the retirement home's primary contact. If you do not know the home's primary contact, you can include the general phone number or the contact information of someone you've dealt with at the home.

OTHER RELEVANT INFORMATION

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

NOTICE

RHRA's Information Access and Privacy Code applies to the information provided to RHRA through this form. The [Information Access and Privacy Code](#) is available on RHRA's website. RHRA will restrict its use of any personal information or personal health information collected through this form for the purpose of carrying out its duties under the Retirement Homes Act, including responding to the report and communicating with the person who made the report.

Name: _____

Date: _____

After completing the form, please save it to your computer. You can then choose to mail, fax, or email it to info@rhra.ca.

If you have any questions about RHRA's reporting process or would like to contact us, please call 1-855-ASK-RHRA or email info@rhra.ca.