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MISTREATMENT

REPORT

**Step 1 of 4 - Identification of the person presumed to be abused**

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| First and last name Date of birth |
| Address  Phone |

**Step 2 of 4 - Identification of the person presumed to be the abuser**

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| --- |
| First and last name |
| Relationship with the user Phone |

**Step 3 of 4 - Description of the situation (date, location, incident, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of the incident  Location (hospital, unit) | | | |
|  | | | |
| Identification of the type of alleged abuse (possibility of checking more than one choice) | | | |
| Physical | Psychological | Financial/material | Sexual |
| Ageism | Violation of rights | Organizational |  |
|  | | | |

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| Description of the facts leading you to consider that a vulnerable person is experiencing abuse. |
|  |

**Step 4 of 4 - Identification of the person making the report**

|  |  |
| --- | --- |
| First and last name Cliquez ici pour entrer du texte. | |
| Relationship with the user | |
| Phone | Email |
| The Commissioner is responsible for ensuring the confidentiality of the information that identifies the person reporting a situation of mistreatment, unless they consent.  Do you consent to being identified if deemed appropriate by the Commissioner? Yes No  Do you consent to being contacted if deemed appropriate by the Commissioner? ☐Yes ☐No | |

**N.B. If you are a health and social service provider or a professional by virtue of the Professional Code, please complete the following section :**

|  |  |
| --- | --- |
| First and family name of your immediate superior | |
| Phone |  |
| Has your immediate superior been informed of this report? Yes No | |
| Has an incident or accident declaration report (AH-223) been completed? Yes No | |
| No AH-223 : (join the AH-223 report to this report) | |
| Fact-checking process underway at time of reporting. | |
| Situation of mistreatment confirmed at the time of reporting. | |
| Action(s) introduced to remedy the situation: | |
| Click here to enter text. | |
| Objectives targeted by the actions carried out/planned : | |
| Establish a safety net (e.g.: increase the presence of staff in the environment, opening a protection regime, informing users about support resources, etc.). | |
| Provide the user with the care and services required following the abuse suffered. | |
| Check whether other users are or have been victims of mistreatment (if so, provide details). | |
| Other : | |

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| **Decision support – Mandatory reporting** |
| Adult user living in a CHSLD or RI or RTF. |
| Any adult who is under guardianship or has an approved protection mandate. |
| Any adult whose inability to care for themselves or administer their property has been established by a medical assessment, but who does not benefit from a protective measure. |
| Any other person in a vulnerable situation who resides in a private seniors’ residence. |

Forward your form to the following address :

**[commissaire.cisssmc16@ssss.gouv.qc.ca](mailto:commissaire.cisssmc16@ssss.gouv.qc.ca)**

The personal information provided may be used for the purposes of analyzing the situation brought to our attention. If so, it will only be provided to those concerned.