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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.)**

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| Date of the incident  Location (hospital, unit)   |
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| 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.      |
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**Step 4 of 4 - Identification of the person making the report**

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| 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 [ ] NoDo 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 :**

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| 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**

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.