



## Employer Report Form

\*Date of Report Submission:

\*Date of Incident:

\*  I am reporting Abuse (including sexual, physical, emotional, financial, and/or verbal abuse, as defined in [section 2\(1\) of the O. Reg. 79/10: GENERAL](#))

### Reporter Information

\*Name of facility/agency/employer

\*Street Address

\*City

\*Postal Code

### Reporter Information Continued

**Contact Person:**

\*Name

\*Position

\*Phone

Extension

\*Email



**\*Type of Setting (choose one):**

- Acute care
- Retirement
- Long-term care
- Home care
- Correctional facility
- Palliative
- Mental health
- Occupational health
- Other:

**Registered PSW's Information**

\*Registrant's name

\*Registrant ID/Account ID

Date of hire

Termination or resignation date

Address (if known)

**\*Employment Status:**

- Full-time                       Part-time                       Casual



Describe the event(s) that led to this report (who, what, where, when and why) in **chronological order** starting with the most recent.

<b>*Date and Time</b>	<b>*Incident/event</b>	<b>*Consequences to client/other</b>	<b>*Registrant response/explanation</b>	<b>*Employer action</b>

**Other Comments:**