

Under the *Regulated Health Professions Act, 1991* (RHPA) and the *Psychotherapy Act, 2007*, the College of Registered Psychotherapists of Ontario (CRPO) is mandated to accept and investigate reports of professional misconduct, incompetence and incapacity regarding College members. To file a formal report with CRPO about a Registered Psychotherapist (RP), complete this form and mail, fax or email it to the College. Please provide as much information as you can. It is acceptable, however, to provide partial information at this stage of the reports process.

If you would like to talk to someone at the College about the care you received from an RP, the RP's conduct, or the College's reports process, please contact us at:

Tel: 416-479-4330, ext.131
 1-844-712-1364 (General toll-free line)

Fax: 416-639-2168

Email: complaints@crpo.ca

Mail: Attn: Manager, Professional Conduct
 College of Registered Psychotherapists of
 Ontario 375 University Avenue, Suite 800
 Toronto, ON M5G 2J5

Please note that the College has no authority to direct the RP to provide any kind of monetary compensation, including refunds. The College's reports process deals with the professional conduct, competency or capacity of Registered Psychotherapists.

Please note that you are submitting a report, rather than a complaint. As such, you are not a party to the investigation and decision-making process. We will consider the matter and may ask you for additional information; however in general, you will not be provided with updates or the result. There is no set time for investigating a report and there is no opportunity to request a review by the Health Professions Appeal and Review Board.

For transparency and fairness, your name and a copy of this report may be disclosed to the Registrant. Please note anonymous reports may not be accepted.

PERSON REGISTERING REPORT

Name:				
Pronouns:	They, Them, Theirs	She, Her, Hers	He, Him, His	Other:
Street No. & Name:			Suite No.:	
City:	Province:	Postal Code:	Country:	
Primary Daytime Phone Number:				
Alternate Daytime Phone Number:				
Email Address* (Optional):				

***Depending on the nature of the communication, the College may choose to contact you by email or by another method.**

CLIENT INFORMATION (IF DIFFERENT FROM THE PERSON REGISTERING THE REPORT)

Name:

Pronouns: They, Them, Theirs She, Her, Hers He, Him, His Other:

Street No. & Name: Suite No.:

City: Province: Postal Code: Country:

Primary Daytime Phone Number:

Alternate Daytime Phone Number:

If you are submitting a report on behalf of or regarding a client of an RP, the College will request consent from the client to release confidential information. If you are not the client or the person directly involved in the incident(s), please describe your relationship to that individual:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Healthcare Professional |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Child | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other: <input type="text"/> |

Is the client aware that you are making this report?

- Yes
- No

If not, please explain why the client is not aware that you are making this report:

REGISTERED PSYCHOTHERAPIST ABOUT WHOM YOU ARE SUBMITTING A REPORT

(PLEASE COMPLETE ALL KNOWN INFORMATION)

Name:

Business Name:

Street No. & Name:

Suite No.:

City:

Province:

Postal Code:

Country:

Telephone:

CRPO Registration No.: (If known)

REPORT DETAILS

Date(s) of incident(s):

Location(s) of incident(s)

Your concerns about the RP's care, behaviour, etc.:

A large, empty rectangular box intended for the user to write their concerns about the RP's care, behaviour, etc.

What do you want to happen as a result of making this report to the College? Please describe what you think would be a good outcome. *Please note, while your preferences will be reviewed by the Inquiries, Complaints and Reports Committee (ICRC), the outcome is ultimately determined based on level of risk the registrant poses to the public.*

Names and contact information for witnesses or anyone else involved in this matter (please note that witnesses may be contacted by the College):

Please attach any documents you may have that support your report, and provide an explanation below of how each document relates to your concerns. In order for the College to successfully conduct an investigation, it is important that you submit any supporting documentation along with your report.

I am providing supporting documents

By entering my name below, I understand that I am submitting a formal report a Registered Psychotherapist.

Please note:

1. In many cases, the College will need to obtain the member's clinical record/notes about the client's care. If you have a concern about this, please contact the College before submitting your report.
2. If you are submitting a formal complaint, please do not use this form. The formal complaints form can be found on our website.

Type, Sign or Write Name:

Date:

Thank you for bringing your concerns to our attention.