



**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 with a thin black border, 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.

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Type, Sign or Write Name:

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Date:

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*Thank you for bringing your concerns to our attention.*