

College of Physiotherapists of Ontario 375 University Avenue, Suite 800, Toronto, Ontario M5G 2J5

Mailing Address: College of Physiotherapists of Ontario c/o Regus Business Centre, 1 Dundas Street West, Eaton Centre, Suite 2500, Toronto, Ontario M5G 1Z3 Canada

To file a mandatory or self report with the College of Physiotherapists of Ontario, please complete the online form below.

Asterisks(*) mark the required fields. If you have concerns about transmitting your personal information to the College through this website please contact investigations@collegept.org or call 416-591-3828 ext. 227 or 1-800-583-5885 ext. 227.

Person Filing Report—Basic Information

First name * _____ Last name * _____

Pronoun (optional) She/Her, He/Him, They/Them, Xe/Xem, Ze/Hir, Other _____ If optional pronoun Other, please indicate _____

Email address * _____

Address * _____

City * _____ Province * _____ Postal Code * _____

Country * _____ Home phone number * _____

Work phone number _____ Mobile phone number _____

Indicate your preferred contact phone number: Home Work Mobile

Type of Report

- Mandatory Report—Sexual Abuse
- Mandatory Report—Termination/Dissolution of a partnership, a health profession corporation or association for reasons of professional misconduct, incompetence or incapacity
- Mandatory Report—Resignation while facing Termination/Dissolution of a partnership, a health profession corporation or association and there are concerns about professional misconduct, incompetence or incapacity
- Mandatory Report by a Facility Operator—Incompetence/Incapacity
- Mandatory Report—Self Report: Offence
- Mandatory Report—Self Report: Charges
- Mandatory Report—Self Report: Bail Conditions
- Mandatory Report—Self Report: Finding of Negligence
- Mandatory Report—Self Report: Finding of Malpractice
- Other

Other Information

Name of the Physiotherapist * _____

Specific details related to the incident(s) that led to the filing of the report *

Does this matter involve a patient? Yes No

If yes, this matter involves a patient, have you obtained consent to provide their name and contact information? Yes No

(continued on back of page)

Name and contact information of any possible witnesses

Describe any supporting documentation that is available

Where the report is related to an offence, finding of negligence or finding of malpractice, please provide the following:

- Name of the physiotherapist filing the report
- Nature of and a description of the finding or offence
- Date that the finding was made against the physiotherapist
- Name and location of the court that made the finding against the physiotherapist
- Status of any appeal initiated respecting the finding made against the physiotherapist

Supporting Documents (Optional)

If you wish, please provide any supporting documents with your complaint.

Have you provided additional documents? (Optional) Yes No

By signing this form, I understand that I am submitting a mandatory report or self report to the College.

Signature

Date