College of
HEALTH AND CARE
PROFESSIONALS OF BC

Duties to Report Form

Licensees — and in some cases, non-licensees — may use this fillable form to discharge their legal duty to report a CHCPBC licensee. For details on who must submit a report and when, please visit the College **website**. To confirm that the individual you are reporting is a CHCPBC licensee, please check the **CHCPBC Public Registry**.

All fields are required unless otherwise noted.

If you have questions about completing this form or need assistance, please contact us:

- Phone: 604-742-6715 or 1-877-742-6715 (toll-free)
- Email: **complaints@chcpbc.org**

Licensee

Who is the report about?

Last Name: _____

First Name: _____

Profession: _____

Practice Location(s): _____

Reporter

Who is making the report?

Last Name: _____

First Name: _____

Pronouns (optional): _____

Profession: _____

Mailing Address: _____

Email: _____

Phone: _____

Report Type

What is being reported? Complete the section (A, B, **or** C) that describes the type of report you are making.

A - Report Health Facility Admission

☐ I am a licensee under the *Health Professions and Occupations Act* and an employee of a **health care facility** (HCF).

HCF Name: _____

☐ The licensee I am reporting received/receives **health services** through the HCF.

Admission/Service Start Date:

Discharge/Service End Date:

☐ I have reasonable grounds to believe that the licensee I am reporting is not **fit to practise** their profession due to a health condition.

Health condition(s) resulting in fitness concern:

B - Report Suspected Significant Risk to Public

◯ I **am** a licensee under the HPOA. ◯ I **am not** a licensee.

☐ I have reasonable grounds to believe that the licensee I am reporting is not **fit to practise** and their continued practice presents a significant risk of harm to the public.

Fitness Concern:

◯ Lack of **Capacity**
◯ Lack of **Competence**
◯ Both
◯ Uncertain

Description of Potential Harm:

To be completed by non-licensees only

Based on this belief:

- ◯ I terminated the licensee's employment;
- ◯ I dissolved a partnership or association with the licensee; or
- ◯ I intended to take one of the actions above, but the licensee resigned or dissolved the partnership or association first.

C - Report Sexual Misconduct, Sexual Abuse or Discrimination

◯ I **am** a licensee under the HPOA. ◯ I **am not** a licensee.

I have reasonable grounds to believe that the licensee I am reporting has committed an act of (select all that apply):

☐ **sexual misconduct** ☐ **sexual abuse** ☐ **discrimination**

To be completed by non-licensees only

Based on this belief:

- ◯ I terminated the licensee's employment;
- ◯ I dissolved a partnership or association with the licensee; or
- ◯ I intended to take one of the above actions, but the licensee resigned or dissolved the partnership or association first.

Contact information of the person who experienced the sexual misconduct, sexual abuse, or discrimination (provide all information available):

Last Name: _____

First Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Is this person aware that you are reporting this matter? ◯ Yes ◯ No ◯ Unsure

Is this person willing to speak with CHCPBC about this? ◯ Yes ◯ No ◯ Unsure

Communications

Is the licensee aware you are submitting this report? ◯ Yes ◯ No ◯ Unsure

Have you reported this matter to anyone else? ◯ Yes ◯ No

- If so, who? _____

Details

What other information may be relevant? If you need more space, please create a separate document and submit it with this form.

Attachments

Attach any documents you would like us to review.

Privacy

☐ I understand the information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Health Professions and Occupations Act* (HPOA).

☐ I understand the information provided will be used and disclosed, as permitted by law (including FIPPA and HPOA), to process the complaint.

Submit

You may submit the completed form by:

- **Email:** **complaints@chcpbc.org**
- **Fax:** 604-608-9863
- **Mail:** 900-200 Granville Street, Vancouver, BC V6C 1S4