



File a Mandatory Report

Note: All fields marked with an asterisk (*) are required.

Person Filing Report

First name*

Last name*

Primary Phone Number

Secondary Phone Number

Email Address

Address*

City*

Province*

Postal code*

Type of Report *

Select Type of Mandatory Report

- Dissolve partnership/health profession corporation/association for incompetence, professional misconduct and/or incapacity
- Facility operator for incompetence or incapacity
- Practice/privileges restricted or revoked for incompetence, professional misconduct and/or incapacity
- Practice/privileges voluntarily restricted or revoked for incompetence, professional misconduct and/or incapacity
- Sexual abuse
- Termination/resignation for incompetence, professional misconduct and/or incapacity

Other Information

Name of the Occupational Therapist *

Address

City

Province

Postal code

Please provide the specific details related to the incident(s) that led to the filing of the report *



Other Information (continued)

Employer Name (if applicable)

Name and contact information of any possible witness(es)

ACKNOWLEDGEMENT

By clicking "Submit", faxing or mailing this form, I acknowledge and understand that I am submitting a mandatory report to the College.

HOW TO INCLUDE SUPPORTING DOCUMENTS WHEN SUBMITTING VIA EMAIL

If you wish to include supporting documents with your complaint, please attach them to the email that will be generated when you click the green "Submit" button below.

File types allowed (.doc, .docx, .pdf, .jpg, .jpeg, .zip, .xls, .xlsx, .txt) and file size should not exceed 10MB each

HOW TO SUBMIT THIS REPORT

By Email:

Save this file (File > Save As) to your Desktop. When you click "Submit", an email will be automatically generated. Attach this file, as well as any supporting documents, and press "Send" in your email client.

By Fax:

416-214-0586

By Mail:

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