# Reporting form

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| College of Nurses of Ontario101 Davenport Rd, Toronto, ON M5R 3P1[**www.cno.org**](http://www.cno.org) | Telephone: 416 928-0900Toll-free (Canada) 1 800 387-5526 |



**Attention: Executive Director**

 **Date of report:**

## Instructions

Please use this form to report concerns about a nurse’s conduct.

The individual(s) listed as the Contact Person will likely be contacted by the College of Nurses of Ontario (CNO) for further information about this report. They should have knowledge of the reported incident(s) and the practice of the nurse(s) involved. The person completing the form will not necessarily be the Contact Person, and it may be necessary to designate more than one Contact Person. If you are completing this form but are not the Contact Person, please provide a copy of the completed Reporting form to the Contact Person.

Please ensure you understand your [reporting obligation](https://www.cno.org/en/protect-public/employers-nurses/) before completing the form.

You will need to include the following details on this form:

* What happened
* When and where the incident(s) occurred
* Who was involved in the incident(s)
* When and how the incident(s) was discovered or identified

You will also need:

* The address of the facility where the incident(s) occurred.
* The name and details of employment (if you know it) of the nurse who is the subject of the report.

## Steps to completing the form:

1. Fill out the form by clicking all applicable boxes and typing your answers into the grey text fields. Please ensure information is complete and accurate.
2. If there is more than one incident that led to your report, please list all incidents separately and in chronological order, beginning with the first incident. If there is insufficient space to list all incidents, please inform the investigator when they call you to follow up with your report.
3. Once you have completed the form, save it as a pdf file.
4. Upload the completed form. (Instructions are on the [Upload a Report](https://www.cno.org/en/protect-public/employers-nurses/) page).
5. You can also email the pdf to Investigations-intake@cnomail.org

## Reporter information

|  |
| --- |
|       |
| Name of facility/agency/employer |
|       |
| Street Address |
|       |       |
| City  | Postal Code  |
| [ ]  I am also the ***Contact Person*** |  |

### First Contact Person:

|  |  |
| --- | --- |
|       |       |
| Name | Position |
|       |       |       |
| Phone | Email | Fax |

### Second Contact Person:

|  |  |
| --- | --- |
|       |       |
| Name | Position |
|       |       |       |
| Phone | Email | Fax |

### Type of setting (choose one):

|  |  |  |
| --- | --- | --- |
| [ ]  Acute care | [ ]  Palliative | **Nature of Report** |
| [ ]  Retirement | [ ]  Mental Health | [ ]  Practice |
| [ ]  LTC | [ ]  Occupational Health | [ ]  Conduct |
| [ ]  Home care | [ ]  Other: | [ ]  Incapacity |
| [ ]  Correctional facility |       |  |

##

## MEMBER INFORMATION

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| --- | --- |
|       |       |
| Member’s Name | Registration number |
|       |       |
| Date of hire | Termination or resignation date |
|       |
| Address (if known)  |

### Employment Status:

|  |  |  |
| --- | --- | --- |
| [ ]  Full-time | Unit/Practice that member worked: | Nurse/client ratio: |
| [ ]  Part-time |       |       |
| [ ]  Casual |  |  |

Please review the *Privacy Policy* at [www.cno.org/privacy](http://www.cno.org/privacy) to understand how your personal information will be used.

I, First name, last name declare by submitting this form that I understand and have complied with the applicable obligations to report to CNO. And the Contact Person(s) identified above is the appropriate person for CNO to contact for further information regarding this report.

Describe the event(s) that led to this report (who, what, where, when and why). Please list the events individually in **chronological order**.

## INCIDENT REPORT

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| **Date:**       |
| **Incident/Event** |
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| **Consequences to client/others** |
|       |
| **Member response/explanation** |
|       |
| **Employer Action** |
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| **Other comments** |
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