

# Reporting Form

## Reporter Information

Name of person filing report: \_\_\_\_\_

Profession and registration number (if applicable): \_\_\_\_\_

Company name (if applicable): \_\_\_\_\_

Mailing or business address: \_\_\_\_\_  
Street number Street

City Province Postal code

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Type of Report

Mandatory Report – Sexual Abuse

Mandatory Report – Termination/suspension, dissolution of partnership, corporation, or association for reasons of professional misconduct, incompetence or incapacity

Mandatory Report – Resignation while facing termination/suspension, dissolution of partnership, corporation, or association for reasons of professional misconduct, incompetence or incapacity

Mandatory Report – facility operator – incompetence or incapacity

Mandatory Report – self report: offence

Mandatory Report – Self report: finding of negligence or malpractice

Other

**Member Information**

Name: \_\_\_\_\_

Company name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Registration number: \_\_\_\_\_

**Other Information**

Name of the patient/client (if applicable and not subject to consent of patient/client):  
\_\_\_\_\_

Is the patient/client aware of the report?  
Yes No

Date of incident(s): \_\_\_\_\_

Location(s) of incident(s): \_\_\_\_\_

Names of other health care providers you have spoken to about the incident(s):

Specific concerns:

Any other additional Information:

**Please complete the form and send:**

By email:       eric.bruce@coko.ca

By mail:       Registrar c/o Professional Conduct Department  
College of Kinesiologists of Ontario  
160 Bloor Street East, Suite 1402  
Toronto, ON  
M4W 1B9

By Fax:       (416) 961-7009