

**PROTECTION FOR PERSONS IN CARE
COMPLAINT REPORTING FORM**

DATE OF REPORT _____

FILE NUMBER (office use only) _____

<p>REPORTER _____</p> <p>Address _____</p> <p>City/Town _____ P.C. _____</p> <p>Telephone H _____ W _____</p> <p>Cell Phone _____</p> <p>Related to victim <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship _____</p> <p>Occupation _____</p> <p>Employer Name _____</p> <p>Did you witness the event? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>WITNESS (1) _____</p> <p>Address _____</p> <p>City/Town _____ P.C. _____</p> <p>Telephone H _____ W _____</p> <p>Related to victim <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship _____</p> <p>Employed at site of abuse <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, occupation _____</p> <p>Employer Name _____</p>
<p>ALLEGED VICTIM _____</p> <p>Address _____</p> <p>City/Town _____ P.C. _____</p> <p>Telephone H _____ W _____</p> <p>Age _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>WITNESS (2) _____</p> <p>Address _____</p> <p>City/Town _____ P.C. _____</p> <p>Telephone H _____ W _____</p> <p>Related to victim <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship _____</p> <p>Employed at site of abuse <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, occupation _____</p> <p>Employer name _____</p>
<p>CARE FACILITY _____</p> <p>Address <input type="checkbox"/> same as alleged victim address</p> <p>If different _____</p> <p>City/Town _____ P.C. _____</p> <p>Telephone _____</p>	<p>ALLEGED ABUSER (1) _____</p> <p>Address _____</p> <p>City/Town _____ P.C. _____</p> <p>Telephone H _____ W _____</p> <p>Related to victim <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship _____</p> <p>Employed at site of abuse <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, occupation _____</p> <p>Employer name _____</p>
<p>DATE(S) OF INCIDENT(S)</p> <p>1) _____ 4) _____</p> <p>2) _____ 5) _____</p> <p>3) _____ 6) _____</p>	<p>ALLEGED ABUSER (2) _____</p> <p>Address _____</p> <p>City/Town _____ P.C. _____</p> <p>Telephone H _____ W _____</p> <p>Related to victim <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship _____</p> <p>Employed at site of abuse <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, occupation _____</p> <p>Employer name _____</p>
<p>TYPES OF ABUSE</p> <p><input type="checkbox"/> Intentionally causing bodily harm</p> <p><input type="checkbox"/> Intentionally administering or prescribing medication for an inappropriate purpose</p> <p><input type="checkbox"/> Subjecting to sexual contact/activity</p> <p><input type="checkbox"/> Intentionally causing emotional harm</p> <p><input type="checkbox"/> Failure to provide basic necessities of life</p> <p><input type="checkbox"/> Misappropriation of funds/property</p>	<p>Has this been reported to:</p> <ul style="list-style-type: none"> • the police <input type="checkbox"/> Yes <input type="checkbox"/> No • a professional college <input type="checkbox"/> Yes <input type="checkbox"/> No

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DESCRIPTION OF INCIDENT(S)

TO REPORT ABUSE:

- 1) By Telephone: call the Protection for Persons in Care reporting line at **1-888-357-9339**.
- 2) By Fax: complete this form and fax it to Protection for Persons in Care at **(780) 415-8611**.
(You can use the Government Rite Line at 310-0000 for long distance calls.)
- 3) By Mail: complete this form and mail it to:

**Protection for Persons in Care
Alberta Seniors and Community Supports
Station M, Box 476
Edmonton, Alberta T5J 2K1**

The reporter will be contacted by phone when the report is received to acknowledge receipt.
Anonymous reports will not be accepted.

If the abuse is criminal in nature, or if a person's life or well-being is in immediate danger, call the police.