

REPORTING FORM FOR MALTREATMENT OF A SENIOR OR PERSON OF FULL AGE IN A VULNERABLE SITUATION

Section reserved for the Service Quality and Complaints Commissioner

SQCC file no.:

Intervention

Complaint

For information on maltreatment, please contact the Assistance, Assessment and Referral Centre on Abuse (the Elder Mistreatment Helpline) at 1-888-489-2287.

1. Identification of the person making the report (your identity will be kept confidential in the absence of consent)

Last name:

First name:

Relationship to the allegedly maltreated person:

- Family, specify connection:
 Third party, specify:
 Care provider, specify:

Telephone:

Preferred means of communication:

Email:

Telephone Email

Do you agree to have your identity as the person making the report communicated if necessary?

Yes No

Justify:

2. Identification of the allegedly maltreated person

Last name:

First name:

Telephone:

Date of birth or age:

File number (if known):

HIN (if known):

Home address or facility address:

Does the allegedly maltreated person fall under any of the criteria for mandatory reporting of the [Act to Combat Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations](#)?

- Any user of full age who is lodged in a residential and long-term care centre Yes No
- Any user of full age who is taken in charge by an intermediate resource or by a family-type resource Yes No
- Any person of full age who is under tutorship or curatorship or for whom a protection mandate has been homologated (if yes, complete, Section 3) Yes No

- Any person of full age whose incapacity to care for himself or herself or to administer his or her property has been ascertained by medical assessment, but is not under a protective measure Yes No
- Any other person in a vulnerable situation who is a resident of a private senior's residence Yes No

Was the allegedly maltreated person subject to a single or repeated act or a lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to the person? Yes No

Is this a person whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a restraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive or psychological, such as a physical or intellectual disability or an autism spectrum disorder? Yes No

3. Voluntary reporting by a person working for the institution

If the situation of maltreatment does not meet one of the obligatory reporting criterion of the *Act to Combat Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations* or there are no reasonable grounds to believe that there is a serious risk of death or serious injury threatening the senior or the person in a vulnerable situation and that the nature of the threat does not instill a sense of urgency, the consent of the allegedly maltreated person or of their representative is required in order to be able to communicate personal information that falls under professional secrecy and/or confidentiality.

Does the allegedly maltreated person or their representative consent to the report?

Yes No

Justify:

Does the allegedly maltreated person or their representative consent to actions being put in place to protect them? Yes No

Justify:

4. Identification of the legal representative if the allegedly maltreated person is incapable

Last name:

First name:

Address:

Telephone:

Role: Tutor Curator Mandatary

5. Identification of the person suspected of having inflicted the maltreatment (if known)

Last name:

First name:

Relationship to the allegedly maltreated person:

Job title (if employed):

Personnel number (if employed):

6. Identification of type of potential maltreatment

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Ageism | <input type="checkbox"/> Material/Financial | <input type="checkbox"/> Organizational | <input type="checkbox"/> Rights violation |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Sexual | <input type="checkbox"/> Psychological | |

7. Description of the events that led to the report
(specify the date, time, place, signs of maltreatment and witnesses, if any)

8. List the actions taken/planned designed to bring an end to the maltreatment

Has a person in charge (manager) been informed of the situation? Yes No

If yes, please provide the last name and first name of the person in charge as well as his or her job title:

9. Other relevant information

Send this form to the Service Quality and Complaints Commissioner:

By email: plaintes.cissslan@ssss.gouv.qc.ca

By mail: Service Quality and Complaints Commissioner
Centre intégré de santé et de services sociaux de Lanaudière
1000, boulevard Sainte-Anne
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To contact us: 450-759-5333 or toll free at 1-800-229-1152, extension 402133