

# Form for Reporting a Situation of Maltreatment Towards a Senior or any Person in a Vulnerable Situation

Commissaire aux plaintes et à la qualité des services

## 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:

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

A person in a vulnerable situation is a person of full age whose ability to request or obtain assistance is temporarily or permanently limited due, in particular, to a restraint, disease, injury or impairment, which may be physical, cognitive or psychological, such as a physical or intellectual disability or an autism spectrum disorder.

**Does the allegedly mistreated person meet the definition of a person in a vulnerable situation?**

Yes  No

If yes, justify the elements of vulnerability:

**Was the allegedly mistreated person subject to a single or repeated act or a lack of appropriate action, that occurred in a relationship where there is an expectation of trust, and that intentionally or unintentionally caused harm or distress to the person?**  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**

Ageism

Material/Financial

Organizational

Rights violation

Physical

Sexual

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.cissslان@ssss.gouv.qc.ca](mailto:plaintes.cissslان@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  
Saint-Charles-Borromée (Québec) J6E 6J2

**To contact us:** 1-800-229-1152, extension 402133