



## Mandatory Reporting Form

*This form is intended to be used by Regulated Health Professionals, Employers, and Facility Operators for reporting sexual abuse, professional misconduct, or employment termination of Regulated Health Professionals.*

This form has been developed to assist Registered Massage Therapists, other Regulated Health Professionals, Employers and Facility Operators with complying with their Mandatory Reporting obligations as required by the *Regulated Health Professions Act (RHPA)* and its *Health Professions Procedural Code*.

Mandatory Reporting is considered an essential professional obligation because it is one of the best means of ensuring that instances of professional misconduct, incompetence, professional negligence, sexual abuse or concerns regarding incapacity are brought to the attention of the College. It is the responsibility of the College to review or investigate any report in the context of its self-regulatory role to protect the public from harm. Providing sufficient details will assist the College with conducting a review and or investigation in relation to the information revealed within any Mandatory Report, if it is deemed necessary to warrant action by the College.

Individuals should ensure they review carefully the “Mandatory Reporting Guidelines”, “Mandatory Report Check List”, “Client Consent for Mandatory Reporting” as well as the “Client Consent Form” in advance of completion of this form. These documents can be accessed from the following link:  
<http://www.cmta.com/registrants/ensuring-professional-conduct/mandatory-reporting/>

### Identifying Information for the Person Making the Report

Name:	
Work Address:	
Preferred Contact Number:	Email (optional):
<b>Regulated Health Profession you belong to (if applicable):</b>	

**I am Reporting (please check all that apply):**

<input type="checkbox"/>	<b>Sexual Abuse of a Client</b>
<input type="checkbox"/>	<b>Professional Misconduct/Incompetence/Negligence</b>
<input type="checkbox"/>	<b>Termination of Employment</b>
<input type="checkbox"/>	<b>Other (please specify):</b>

**Identifying Information for Regulated Health Professional Being Reported**

Full Name:	Registration No:
Work Address:	
Work Number:	
Regulated Health Profession:	
Other Identifying Information:	

**Identifying Information for the Client**

**(Only to be provided if client consent is obtained)**

Name:	
Address:	
Preferred Contact Number:	Email (optional):

*If the client involved has given their permission to be named in your report then it is advisable that you obtain the client's consent in writing or on the College's Client Consent Form. Proof of consent does not have to be submitted to the College.*

## Details of Mandatory Report

Act/Omission/Conduct being reported: (please include all relevant information)	
Description of facts surrounding occurrence	
Date(s) of Occurrence:	
Location(s) of occurrence:	

<p>The nature of any injury, damage, detriment or loss that resulted from the conduct, act or omission:</p>	
<p>Names, addresses and telephone numbers of all persons present:</p>	
<p>Relationship to the person you are reporting:</p>	

**By signing this form, I understand that I am submitting a mandatory report to the College.**

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Signature Date

**Please print and send the completed form to:**  
 Registrar c/o Professional Conduct Department  
 College of Massage Therapists of Ontario  
 1867 Yonge Street, Suite 810  
 Fax: 416-489-2625  
 Toronto, Ontario M4S 1Y5

**For more information about the mandatory reporting process, please contact:**  
 Professional Conduct Department  
 1 (800) 465-1933 ext. 116 or ext. 113  
 (416) 489-2626 ext. 116 or ext. 113  
 Email: [professionalconduct@cmta.com](mailto:professionalconduct@cmta.com)