

Abuse Report

Protection for Persons in Care

Complainant

First Name		Last Name		Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address			City/Town	
Province	Postal Code	Telephone Number (include area code)	Other (include area code)	
Employer	Relationship	Are you related to client? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Client

First Name		Last Name		
Address			City/Town	
Province	Postal Code	Telephone Number (include area code)	Other (include area code)	
Location of incident (address if different from above)				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Age (approximate if not known)		

Service Provider

Name of Organization			
Name		Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> Address same as Client
Address		City/Town	Postal Code

Legal Representative for Client (see explanation) (attach additional sheets if necessary)

First Name		Last Name		Relationship	Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address				City/Town	
Province		Postal Code	Telephone Number (include area code)	Other (include area code)	
Type of Legal Representative <input type="checkbox"/> Agent ——— W <input type="checkbox"/> Private Representative <input type="checkbox"/> Public Guardian Representative <input type="checkbox"/> Guardian ——— <input type="checkbox"/> Co-decision-maker		Office			

Individual Involved

First Name		Last Name		Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address				
City/Town		Province		
Postal Code	Telephone Number <i>(include area code)</i>	Other <i>(include area code)</i>	Relationship to client	
Occupation <i>(if applicable)</i>		Employer <i>(if applicable)</i>		

Individual Involved

First Name		Last Name		Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address				
City/Town		Province		
Postal Code	Telephone Number <i>(include area code)</i>	Other <i>(include area code)</i>	Relationship to client	
Occupation <i>(if applicable)</i>		Employer <i>(if applicable)</i>		

Legal Representative for Individual Involved (see explanation) (attach additional sheets if necessary)

First Name		Last Name		Relationship	Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address			City/Town		
Province		Postal Code	Telephone Number <i>(include area code)</i>	Other <i>(include area code)</i>	
Type of Legal Representative <input type="checkbox"/> Agent <input type="checkbox"/> Guardian <input type="checkbox"/> Co-decision-maker		<input type="checkbox"/> Private Representative <input type="checkbox"/> Public Representative Office			

Witness (attach additional sheets if necessary)

First Name		Last Name		Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address		City/Town		
Address <i>(if different then above)</i>		Province		Postal Code
Occupation		Employer		
Telephone Number <i>(include area code)</i>		Other <i>(include area code)</i>		

Witness (attach additional sheets if necessary)

First Name		Last Name		Status: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Address		City/Town			
Address (if different then above)		Province		Postal Code	
Occupation		Employer			
Telephone Number (include area code)		Other (include area code)			

Has this been reported to?

Mental Health Patient Advocate	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes specify date reported	<input type="text"/>
A Professional College	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify name of college	<input type="text"/>
A police Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes specify date reported	<input type="text"/>

Type of abuse act or omission (see explanation below)

<input type="checkbox"/> Causing serious bodily harm	<input type="checkbox"/> Subjecting to sexual contact/activity	<input type="checkbox"/> Misappropriation of funds/property
<input type="checkbox"/> Causing serious emotional harm	<input type="checkbox"/> Failing to provide adequate nutrition, medical attention or other necessity of life without a valid consent.	
<input type="checkbox"/> Administering, prescribing or withholding medication for an inappropriate purpose, resulting in serious bodily harm.		

Description of incident (s)

Explanation

Type of Abuse: In the *Protection for Persons in Care Act* abuse means an act or omission with respect to a client receiving care or support services from a service provider that:

- **Causes serious bodily harm:** Harm which is traumatic, life threatening, involving severe or prolonged pain or required medical intervention.
- **Causes serious emotional harm:** Any hurt or injury that interferes in a substantial way with the psychological health or well-being of the person.
- **Medication administration:** Results in the administration, withholding or prescribing of medication for an inappropriate purpose, resulting in serious bodily harm.
- **Sexual:** Subjects a client to non-consensual sexual activity, contact or behaviour.
- **Failing to provide adequate care:** Results in failing to provide adequate nutrition, adequate medical attention, or other necessity of life without a valid consent, resulting in serious bodily harm.
- **Misappropriation of funds/property:** Involves misappropriating or improperly or illegally converting a significant amount of money or other valuable possessions.

Legend:

Complainant	An individual who reports abuse.
Witness	An individual who witnessed the incident of abuse or has information related to the incident.
Client	An adult who receives care or support services from a service provider under the <i>Protection for Persons in Care Act (PPCA)</i> .
Legal Representative	A guardian, co-decision-maker or agent.
	Guardian: A person named as a guardian in a guardianship order under the <i>Adult Guardianship and Trusteeship Act (AGTA)</i> .
	Co-decision-maker: A person named as a co-decision-maker in a co-decision-making order.
	Agent: An agent designated in a personal directive that is in effect under the <i>Personal Directives Act</i> .
Individual Involved	A person who allegedly abused a client or who allegedly failed to prevent abuse of a client.
Service Provider	A lodge; hospital; nursing home; homeless shelter; women's shelter; supportive living accommodation; mental health facility; day programs, residential and care or support services funded by Alberta Health Services; and persons providing care or support services funded by a Persons with Developmental Disabilities community board (except for family-managed supports).
Location of Incident	The location where the incident took place.

To Report Abuse:

1. By Telephone – call the Protection for Persons in Care (PPC) reporting line at 1-888-357-9339.
– Out of Province / Out of Country call (780) 422-1155
2. By Fax – Complete this form and fax it to Protection for Persons in Care at (780) 415-8611.
3. By Mail – Complete this form and mail to:

Protection for Persons in Care
Station M, Box 476
Edmonton, AB T5J 2K1

Protection for Persons in Care (PPC) Hours of Operation: Monday through Friday 8:15am to 4:30pm
Office is closed for lunch between 12:00pm to 1:00pm
Office is closed for statutory holidays

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