

## 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)	
<b>Type of Legal Representative</b>							
<input type="checkbox"/> Agent ———— W <input type="checkbox"/> Guardian ———— J <input type="checkbox"/> Co-decision-maker		<input type="checkbox"/> Private Representative <input type="checkbox"/> Public Guardian Representative					
		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 (include area code)	Other (include area code)	Relationship to client	
Occupation (if applicable)			Employer (if applicable)	

## 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 (include area code)	Other (include area code)	Relationship to client	
Occupation (if applicable)			Employer (if applicable)	

## 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 (include area code)	Other (include area code)	
<b>Type of Legal Representative</b> <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 (if different than above)		Province		Postal Code
Occupation		Employer		
Telephone Number (include area code)		Other (include area code)		

**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:

<b>Complainant</b>	An individual who reports abuse.
<b>Witness</b>	An individual who witnessed the incident of abuse or has information related to the incident.
<b>Client</b>	An adult who receives care or support services from a service provider under the <i>Protection for Persons in Care Act (PPCA)</i> .
<b>Legal Representative</b>	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> .
<b>Individual Involved</b>	A person who allegedly abused a client or who allegedly failed to prevent abuse of a client.
<b>Service Provider</b>	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).
<b>Location of Incident</b>	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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