

# Reporting Form for Maltreatment

of seniors and other persons of full age in  
vulnerable situations

**CONFIDENTIAL**

Maltreatment is 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 a person.

## Identification of the allegedly maltreated person (all collected information must be provided)

Name and surname:	Date of birth: (YYYY-MM-DD)
File number (if known):	Place of residence:

## Mandatory reporting

Can the allegedly maltreated person be described by any of the [following mandatory](#) reporting criteria? (More than one option may apply)

Adult person living in a residential and long-term care center (CHSLD)	<input type="checkbox"/>
Adult person living in an intermediate resource or a family-type resource	<input type="checkbox"/>
Adult person under guardianship or whose protection mandate is homologated	<input type="checkbox"/>
Adult whose incapacity to take care of themselves or administer their property has been established by a medical evaluation, but who does not benefit from any protective measure	<input type="checkbox"/>
Any other person in situation of vulnerability who is living in a private seniors' residence	<input type="checkbox"/>

If the situation does not correspond to any of the mandatory reporting criteria, the person's consent is required.

## Non-mandatory reporting – Consent required

Consent obtained: YES  NO

## Identification of the person(s) who allegedly maltreated or abused the victim (if known)

Name and surname:	
Relationship to the person victim of maltreatment:	<input type="checkbox"/> Health and social services provider <input type="checkbox"/> User <input type="checkbox"/> Relative <input type="checkbox"/> Family <input type="checkbox"/> Other
Additional information:	

## Type of the alleged maltreatment (check more than one box if applicable)

- Ageism    Material/Financial    Organizational    Physical    Sexual    Psychological    Violation of rights
- Negligence    Violence

### Description of the events that led to the report

Describe, as precisely as possible, the facts that led you to believe that a vulnerable person has been abused. Indicate the event, date, place, and time (if known), as well as parties involved and witnesses present, if any.

### Description of the measures and actions taken to bring an end to the maltreatment

### Identification of the person filing the report (your identity will remain confidential)

Name and surname: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email: \_\_\_\_\_

If healthcare professional – title or position: \_\_\_\_\_

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Please return this completed form to [commissaire.plainte.ciusscn@ssss.gouv.qc.ca](mailto:commissaire.plainte.ciusscn@ssss.gouv.qc.ca)

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