



# Ontario Shores

Centre for Mental Health Sciences

1. Complete the form. If you need help, please ask staff to assist you.
2. Submit your completed form one of the following ways:
  - a. Email [feedback@ontarioshores.ca](mailto:feedback@ontarioshores.ca)
  - b. Fax: 905-430-4059
  - c. Drop Box: ICAP, FOS & TAY waiting rooms
  - d. Mail: Quality Patient Experience Department (Building 3, Level 1) 700 Gordon Street, Whitby, ON L1N 5S9
3. Someone from Quality & Patient Experience Department will contact you and staff in your clinical area to follow-up about the incident.
4. If you want to follow-up or have any questions, please call us at: 905-430-4055 ext. 6495

## INCIDENT REPORT FOR PATIENT AND FAMILY CAREGIVER

A patient safety incident is an event or situation which could have resulted, or did result, in unnecessary harm to a patient.

For privacy reasons we can only discuss incident follow-up information or provide a copy of this Incident Report that pertains to you or the person you are a substitute decision maker for.

Today's date: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

I am a:  Patient       Family Caregiver       Other: \_\_\_\_\_

I was the person who:  was involved in the incident    discovered the incident    witnessed the incident

What staff did you speak with about the incident? \_\_\_\_\_

Please describe the incident:

---



---



---



---

What would you like to see happen as a result of informing us about this incident?

---



---



---



---

Your Name: \_\_\_\_\_ Phone # or Unit: \_\_\_\_\_

Can a message be left at this number?  Yes  No

Did you have assistance to complete this incident report?  Yes  No

If yes, name of person who assisted you: \_\_\_\_\_

Personal Information or Personal Health Information you provide to Ontario Shores is collected and used so Ontario Shores can meet the *Public Hospitals Act* requirements by following up with this incident report, implement quality improvement, and respond to you. Your information will be managed in keeping with privacy laws such as the *Freedom of Information and Protection of Privacy Act* and *Personal Health Information Protection Act*. If you have questions about the collection of your information, please refer to the Privacy & Access pages on the Ontario Shores website or contact the Leader, Privacy & Access at [privacy@ontarioshores.ca](mailto:privacy@ontarioshores.ca) or 905-430-4055 ext. 6712.

Please note that this form will not be placed in the patient's Ontario Shores health record.