

Mandatory Report Form

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COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

Attention: COCOO Registrar

Date of report:

Please use this form to report concerns about a chiropodist or podiatrist's conduct.

How to complete this form:

Step 1: Fill out the details in the form. Please note:

- If there is more than once incident that led to the report, please list all incidents separately in chronological order. If you need additional space, please provide a supplemental document when you submit the form.

Step 2: Scan and email the form to info@cocoo.on.ca or mail the completed form to COCOO at 180 Dundas Street West, Suite 1901, Toronto, ON M5G 1Z8.

A. REPORTER INFORMATION

Name of facility/agency/employer

Street Address

City

Postal Code

I am also the **Contact Person** (if so, please complete contact information below)

First Contact Person:

Name

Position

Phone

Email

Fax

Second Contact Person:

Name

Position

Phone

Email

Fax

B. MEMBER INFORMATION

Member's Name	Registration number
Date of hire	Termination or resignation date
Address (if known)	

C. INCIDENT REPORT

Describe the event(s) that led to this report (who, what, where, when and why). Please list the events individually in chronological order.

Date:

Incident/Event

Consequences to client/others

Member response/explanation

Employer Action

Other comments

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Incident/Event

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Other comments

D. SUPPORTING DOCUMENTATION

If you wish, please provide supporting documents with your report. Supporting documentation can be sent, along with the form, to info@cocoo.on.ca