

Report Form for Incident of Intimidation, Harassment or Unprofessional or Disruptive Behaviour For Postgraduate Medical Education Trainees

ANONYMITY and CONFIDENTIALITY:

While recognizing that there may be circumstances in which you wish to remain anonymous, the PGME Office encourages you to share your identity in this report for the following reasons:

- According to University policy, we are severely limited in our capacity to investigate and act upon anonymous reports against members of the University community.
- Your anonymity will prevent us from providing assistance to you or others affected by this incident
- Anonymous reports may be used to generate statistical data, but are unlikely to result in direct action

Unless disclosure is required by law, your report will remain strictly confidential whether you submit it anonymously or not.

Given the explanation above, please indicate whether you wish to share your identity with the [PGME Office] or not, by either entering your name or "ANONYMOUS" in the space below:

XXXXXXXX / ANONYMOUS

If you have chosen to share your identity, please provide the preferred email address or phone number for [the PGME Office] to contact you:

Email address: XXXXXXXX.XXXXXXXXXX@utoronto.ca

Telephone: 416-123-1234

Description of the Incident

- Date of the incident (if multiple, please indicate the most recent date and provide further details below:

(Day/month/year): 04 / 03 / 2012

- Location of the incident (e.g. UofT building, hospital, clinical setting in the community, other setting:

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- Please describe the incident in the box below (maximum: 4,500 words). Include as many details as you recall, such as:

- Names of the individuals involved (except patients)
- Precise location
- Nature of the incident
- Whether you experienced the incident or witnessed someone else experiencing it
- Training rotation during which the incident occurred (if applicable)

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