

## **UNUSUAL OCCURRENCE FORM**

## CONFIDENTIAL QUALITY ASSURANCE (QA) REVIEW

Privileged and Confidential. For Quality Assurance Purposes.					LOG # (to be completed by QA)			
Date:	Time:	Individual / Role reporting occurrence:		ce:				
Centre: Signature:			or E-Signature					
Individual(s) Impacted by occu	rrence:	☐ Client	/ Patient	☐ Empl	oyee	□Voluntee	r 🔲 V	/isitor
□Other (please specify)			1					
Date of occurrence:			Date occu	urrence re	ported:			
Individual(s) impacted by occur (Last Name, First Name)	rence:					PHN: (if applica	able)	
Type of Occurrence / Feedback		Addendum		r Reportir	g Error	☐ Accident	□ Incident	☐ Near Miss
□Compliment □ Compla	int 🗆 (	Other (pleas	se specify)					
If Feedback Received via: ☐ Telephone ☐ Letter (attach Copy) ☐ Email (attach copy) ☐ In-person								
☐Other (please specify)								
<ul> <li>Describe occurrence including sequence of events preceding the occurrence. Extra space is provided on Pg. 2 of this form</li> <li>For addendums/other reporting errors, specify the original report, reason for change (if applicable)</li> <li>Action Taken:         <ul> <li>Describe actions taken to address occurrence/incident/feedback</li> <li>for addendums/other reporting errors, specify the changes made to original report in addendum</li> </ul> </li> <li>Further Follow up Required:</li></ul>								
If "Yes", outline nature of follow-up:								
Once complete  ● For all Occurrences/Inciden Attention: Client Services M  ● For all Addendums/Reporti Subject Line: Attention QM	lanager, Scree ng Errors, scan	ning Program or save this f	S					
For Quality Assurance Use Only	<i>ı</i> :							
☐ Entered into PSLS	Date:			Ref No:			□N/A	
Comments:								
Reviewed by:				Date:				

Description / Actions Cont'd - Page 2							