

# Employer Reporting Form

Employers may use this form to fulfill their reporting obligations under s.57 of the *Health Professions Act (HPA)* involving a dental assistant registered with the College of Alberta Dental Assistants. Submit completed forms to:



College of Alberta Dental Assistants  
Complaints Director  
166-14315 118 AVE NW  
EDMONTON AB T5L 4S6  
professionalconduct@abrda.ca

## Complaint Information

Full name of dental assistant	Registration number, if known
Employment <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Casual	Date of incident(s) leading to action
Action <input type="radio"/> Suspension <input type="radio"/> Termination <input type="radio"/> Resignation	Date of suspension, termination, or resignation
The incident(s) involves sexual abuse, sexual misconduct, or female genital mutilation. (Must be reported even if action has not been taken.) <input type="radio"/> Yes <input type="radio"/> No	
Describe the events leading to this report in the order they happened. Attach any documents that support this report such as a discipline letter.	



# Employer Information

Name and position or title	
Name of facility or employer	
Mailing address	
Email address	Phone number
Facility type or practice setting <input type="radio"/> General or specialty practice (for example, endodontics, pediatrics, prosthodontic, oral surgery, orthodontic, denturist clinic) <input type="radio"/> Community/public health <input type="radio"/> Private surgical suite/clinic <input type="radio"/> Other _____	
Correspondence consent  I agree to receive correspondence relating to this complaint via email <input type="radio"/> Yes <input type="radio"/> No	

# Acknowledgment

I have read and I understand that the College of Alberta Dental Assistants will:

- notify the dental assistant named above and provide them with a copy of this report.
- collect, use, and disclose all information related to this complaint, including personal and health information for regulatory and conduct-related purposes in accordance with all applicable legislation.

## Sign and date the complaint

An electronic signature carries the same legal validity as a handwritten signature.

By signing below, I confirm that the information in my complaint is accurate to the best of my knowledge.

Name of complainant	
Signature of complainant	Date of signing



# HPA Excerpt

## Termination by employer

57(1) If, because of conduct that in the opinion of the employer is unprofessional conduct, the employment of a regulated member is terminated or suspended or the regulated member resigns, the employer must, as soon as reasonably possible, give notice of that conduct to the complaints director.

(1.1) An employer who has reasonable grounds to believe that the conduct of a regulated member constitutes unprofessional conduct based on behaviour that, in the employer's opinion, is sexual abuse or sexual misconduct must, as soon as possible, give notice of that conduct to the complaints director.

(1.2) An employer who has reasonable grounds to believe that a regulated member has procured or performed female genital mutilation must, as soon as possible, give notice of that conduct to the complaints director.

(2) On being given notice under subsection (1), (1.1) or (1.2), the complaints director must

- (a) treat the employer as a complainant,
- (b) despite not receiving a complaint under section 54, treat the notice as a complaint in accordance with section 56, and
- (c) notify the employer and the regulated member accordingly.

(3) For the purposes of this section, "employment" includes being engaged to provide professional services on a full-time or part-time basis as a paid or unpaid employee, consultant, contractor or volunteer.

