



## Disclosure Recording Template

**Note:** This fillable pdf may not function fully on some browsers. If you experience problems filling out the pdf, please download to a desktop.

### What this form is for:

We understand that after something happens, you may not be ready to decide whether to come forward. You should take all the time you need to decide what works for you. If you are not sure if what you experienced constitutes mistreatment, please reach out to us and we can process it together. We can help you discuss your options, so feel free to come forward even if you don't know what you want to do next. You can use our disclosure form or [email the Director of Learner Experience](#) directly.

We encourage you to record what happened to you in an organized way, in case you later change your mind. Recording details as close to the event as possible will improve the quality of what you document.

This form is NOT FOR EMERGENCIES. If you are concerned about impending harm to yourself or others you should call 911 or seek immediate assistance from [onsite security](#) or other authorities. You should submit a form only after safety is ensured.

### Date, Location and Description

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#### Experience\*

- Did you
- Witness the mistreatment
  - Experience the mistreatment

#### Date(s) of Experience\*

Date(s) that behaviour was experienced/witnessed (can be a single date, multiple dates or date range)

#### Location of Event

Indicate the location(s) where the behaviour was experienced/witnessed. You may choose one or more locations, as appropriate to the situation.

#### University Location

- St. George Campus
- UTM Campus

#### Hospital Location

#### Other Location

#### Type of Behaviour

Please check all the types that you think apply. This is not mandatory to complete, but it can help us to track patterns of unprofessionalism and act accordingly. Information about mistreatment categories is included on the [learner mistreatment webpage](#) and in the [Protocol](#).

#### Type\*

- Unprofessional behaviour
- Discrimination/discriminatory harassment
- Sexual violence/sexual harassment
- Unsure
- Other (max 100 characters)

**Description of the behaviour experienced/witnessed**

Here are some questions that you can consider including in your disclosure or report (there is no pressure to answer any or all of them, this is just a guide):

- Who was responsible for the unprofessional behavior?
- Who else was there as a witness?  
(please do not include patient names or identifiers)
- What happened, to the best of your memory?
- Where did this occur  
(including details of the course, event, or rotation)?
- When did this occur? Single event or recurring events?
- How would you describe what you experienced?  
What was the impact on you?
- Did you perceive the mistreatment to be attributed to your identification with a specific minority group?
- Are there any other factors that you think would be helpful to record?

**Description\***

**Save**

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Date

Once you are done recording, save this document. By saving the document, the file will have a date stamp of when it was created.