



LICENSEE MANDATORY REPORTING FORM

Pursuant to Business and Professions Code (B&PC) section 3758.5, if a licensee has knowledge that another person may be in violation of, or has violated, any of the statutes or regulations administered by the board, the licensee shall report this information to the board in writing and shall cooperate with the board in furnishing information or assistance as may be required. B&PC sections 2318, 3759 and Civil Code Section 43.8 states no person shall incur any civil penalty as a result of making any report required.

LICENSEE REPORTING INFORMATION

FULL NAME		
RCP LICENSE NUMBER		
RESIDENT ADDRESS		
BUSINESS NAME OR EMPLOYER		
TELEPHONE NUMBERS	Home: ()	Work: ()

VIOLATION BEING REPORTED AGAINST

FULL NAME		
RCP LICENSE NUMBER		
BUSINESS NAME OR EMPLOYER		
BUSINESS ADDRESS		
TELEPHONE NUMBERS	Home: ()	Work: ()

VIOLATION TYPE

Please mark the box that best describes the violation committed:

- | | |
|---|---|
| <input type="checkbox"/> Use of controlled substances or alcohol
<input type="checkbox"/> Falsification of medical records
<input type="checkbox"/> Gross incompetence or negligence
<input type="checkbox"/> Unlicensed practice
<input type="checkbox"/> Other (please describe): _____ | <input type="checkbox"/> Unlawful sale of controlled substances or other prescription items
<input type="checkbox"/> Patient neglect, physical harm to a patient, or sexual contact with a patient
<input type="checkbox"/> Theft from patients, other employees, or the employer
<input type="checkbox"/> Arrested or convicted of a criminal offense |
|---|---|

WITNESS INFORMATION

If there were any witnesses to the incident, please provide the following information.

WITNESS NAME:	WITNESS NAME:	WITNESS NAME:
TITLE:	TITLE:	TITLE:
PHONE #:	PHONE #:	PHONE #:
BUSINESS:	BUSINESS:	BUSINESS:
ADDRESS:	ADDRESS:	ADDRESS:

LOCATION AND DATE OF INCIDENT

LOCATION OF INCIDENT

Hospital Home Other _____

ADDRESS OF INCIDENT

DATE(S) OF INCIDENT

DESCRIPTION OF INCIDENT

INCIDENT REPORTED TO OTHER ENTITIES

Was the incident reported to anyone else? If yes, provide name, phone number, date reported, and action taken.

NAME:

NAME:

NAME:

PHONE #:

PHONE #:

PHONE #:

DATE REPORTED:

DATE REPORTED:

DATE REPORTED:

ACTION TAKEN:

ACTION TAKEN:

ACTION TAKEN:

► ***Please attach any documents supporting your allegations.***

I certify that the foregoing statements made by me are true and any documents attached are true copies. I am aware that if any statements made by me are willingly false, I am subject to punishment.

Signature _____

Date _____