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 Fax: 416-239-3443, 1-888-678-9348

**CDPA MEMBER INCIDENT REPORTING FORM**

**Please complete this form and then submit it by fax to (416) 239-3443 or email at [incident@cdpa.com](mailto:incident@cdpa.com). If you choose to send it via email, please put “Requesting Assistance” in the subject line and send this completed document as an attachment.**

In order for the Assistance Program to best assist you, please answer the following questions as completely as possible:

1. Please describe all relevant events related to the Incident in your own words:
2. Please state the date upon which you first became aware of this Incident:
3. What actions have you taken to this point:
4. Please state what assistance you are seeking:

What is the best time for someone from CDPA to reach you? \_\_\_\_\_

Please provide contact phone number(s): ( \_\_\_\_\_ ) \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_

If there is any correspondence and /or documentation relevant to this Incident to be sent to the CDPA, please check here \_\_\_\_\_ AND please **fax** a copy to the CDPA fax number at (416) 239-3443 or, if outside area code 416, toll free to 1-888-678-9348. Please include a cover sheet addressing the documents to the CDPA Assistance Program, Attention: Ms. Nicole Cussons, and include your name and contact information and what the documents are regarding.

**It is very important that you not contact the patient or any party that is or may be involved with this Incident until you have been contacted, and given advice, by a Dentist Advisor from the CDPA Assistance Program.**

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