

## Employment Assistance Reporting Form

Please complete this form and submit it by email to [incident@cdpa.com](mailto:incident@cdpa.com).

Write "Requesting Assistance" in the subject line and send this completed document as an attachment.

### General Information

What is the nature of the issue with your employee(s)?

How would you like to resolve this?

What actions have you taken to this point?

### Specific Information

- 1) Is your agreement with your employee Written?    Yes        No
  - a) If YES, was it drafted by a Lawyer?    Yes        No
  - b) Who is the Lawyer /Firm that drafted the agreement?

Please send us a copy of your *signed/unsigned* written agreement

2) How long have they been employed?

3) Is your agreement with your employee Oral?    Yes        No

- If YES, what are the terms of your Employer/Employee arrangement?

4) Have you dismissed the employee?    Yes        No

- If YES, please provide the dismissal letter and any reply from the employee.

5) If you plan to dismiss the employee, what response do you anticipate receiving from the employee once you inform them that they are being dismissed?

6) What is your timing in relation to the proposed dismissal?

If there is any other correspondence and/or documentation relevant to this Incident, please send it as an attachment to the email reporting the matter.

Please understand that all correspondence and communication is and remains confidential, there is no need to redact any information.

It is very important that you **NOT** contact the Employee or any party that is, or may be, involved with this Incident OR take any action until you have been contacted, and have received assistance from a Dentist Risk Advisor from the CDPA Assistance Program.