



School of Rehabilitation Science

MINOR INCIDENT DISCUSSION FORM

This form is used to document a minor incident reported by any individual (“the reporter”) who is in contact with a School of Rehabilitation Science (SRS) student at an official capacity.

This form is intended as a learning and documentation tool to support students in recognizing and addressing professional behaviour expectations that apply during their education in a professional program and that are foundational to future licensure and practice as regulated health professionals.

Refer to the definition of “Minor Incident” in the [\*Procedure for Concerns with Rehabilitation Science Student Professional Behaviors\*](#).

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**Student Information:**

Student Name:

Year and Program:

Date Incident Occurred:

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Students in the School of Rehabilitation Science are expected to demonstrate the following behaviors:

- Respect for others
- Honesty and integrity
- Compassion and empathy
- Duty and responsibility

The student named above demonstrated behaviour(s) that do not align with the expected standards of professionalism of our School and College.

**If this is a second minor incident, please note that a third minor incident—regardless of type—will automatically result in escalation to a Professionalism Concern form, which will be referred to the Academic Affairs Committee and the Professional Conduct Committee.**



**A copy of this form must be provided to the student by SRS.**

**This form should be submitted in confidence to the Program Chair of the indicated program.**

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**Details of Incident:**

**Description of the incident, actions taken, and any additional comments:**



**Discussion with Student**

This incident was discussed with the student (check one):

Yes     No

**Student response:**

The Student chose not to respond

Signature:

Date:



**Reporter Information**

Form completed by:

Signature:

Date:

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**For Use by Director, Program Chair, or Academic Lead Clinical Education & Community Affairs**

- First Incident
- Second Incident
- Third Incident (If third minor incident, complete a Professionalism Concern Form)

Name:

Signature:

Date: