20. Were any patients harmed by the conduct?

| Mark all applicable | | | | | | |
|---|------------------------------------|--|--|--|--|--|
| Don't know | Minor physical harm | | | | | |
| No harm | Significant or major physical harm | | | | | |
| Latent or potential harm (e.g. exposed to radiation, risk of infection) Drug dependency | Death Other (specify below) | | | | | |
| Minor psychological or emotional harm Significant or major psychological or emotional harm | | | | | | |

21. Please describe what happened

Please describe what happened or what you are concerned about, including the place, date and time the events occurred. Where appropriate, please include details of the type of treatment involved, names and contact details of any witnesses.

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