

COMPLAINT FORM

Mail to:

Today's Date

Brenda Carroll, BScN., RN., LLB
Director of Professional Conduct Review
College of Registered Nurses of
Newfoundland and Labrador (CRNNL)
55 Military Road
St. John's, NL A1C 2C5

YOUR DETAILS:

Name: _____

Mailing address: _____

Town/City: _____ Postal Code: _____

Telephone Number(s) _____

Email address: _____

I am: employer co-worker patient other

For Employers:

Employer Name: _____

Title of Person Submitting Complaint: _____

Employers and Registered Nurses have a mandatory duty under the law to report conduct deserving of sanction of a Registered Nurse to the Director of Professional Conduct Review. For more information see <https://www.crnml.ca/duty-report>

INSTRUCTIONS:

- Complete all parts of the Complaint Form, print, sign and mail the completed original form to the Director of Professional Conduct Review.
- Attach any information (e.g. papers, forms, pictures, documents) that may be related to your concerns in the Complaint Form.
- If your complaint is about more than one Registered Nurse/Nurse Practitioner, you must complete a separate Complaint Form for each Registered Nurse/Nurse Practitioner.

You may find it helpful to review examples of conduct or actions of a Registered Nurse/Nurse Practitioner in the By-Laws for CRNNL to assist you in deciding if what the nurse did was unsafe or unethical. This document can be found on the CRNNL website at: https://www.crnnl.ca/sites/default/files/ARNNL_By-laws.pdf

IMPORTANT:

Please note that **your name** and **a copy of the next pages** (Complaint Details) will be sent to the Registered Nurse/Nurse Practitioner you have identified. Your contact information **will not** be shared. Any additional information attached to this form will be included as part of the complaint and may be provided to the Registered Nurse/Nurse Practitioner.

By signing below, I confirm that I have read, and I understand the following:

- I am making a complaint against the Registered Nurse/Nurse Practitioner named in this Complaint Form;
- The law that applies to CRNNL allows that a complaint may be addressed in several ways. CRNNL's Director of Professional Conduct Review will inform me in writing how my complaint will be addressed;
- If my complaint is investigated a CRNNL investigator may, obtain my personal health information such as my patient chart, interview persons who may have observed what happened or know information related to the complaint, and request information from other relevant persons or organizations;
- Information obtained in an investigation will be provided to the Registered Nurse/Nurse Practitioner;
- If the complaint proceeds to a hearing, information relating to the complaint will be required to be presented/given at the hearing and I may be called as a witness to speak at the hearing;
- My name and a copy of the Complaint Details will be sent to the Registered Nurse/Nurse Practitioner.

Signature

Date

Print Name

COMPLAINT DETAILS

Date and time of Incident: _____

Location of Incident: _____

Example: name of hospital, unit, city

Name of Registered Nurse:¹ _____

License Number:² _____

State what you consider the Registered Nurse did or didn't do that was unsafe/unethical practice or conduct:

¹ For the remaining sections/parts of the form, the term Registered Nurse refers to both Registered Nurses and Nurse Practitioners

² CRNNL's list of license holders/members may be found at <https://www.crnml.ca/member-search>

Describe each event related to your concern of the Registered Nurse's unsafe/unethical practice or conduct: (e.g. date, time, where event happened, what the Registered Nurse did or did not do, name of the patient)

Witnesses: (persons who saw what happened or have information related to the complaint)

Provide the names of all individuals who may have direct knowledge/information regarding the complaint, including details about how they are involved (e.g., doctor, nurse, receptionist, family member/friend, other persons) and what information they may be able to provide. These individuals may be contacted as part of any investigation CRNNL may conduct.

Name of Witness	Contact Information (telephone number, email and address)	What they saw or know related to the complaint

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What do you expect will happen as a result of your complaint? (Provide a response if applicable)

FOR COMPLETION BY EMPLOYERS

Registered Nurse Date of Hire: _____

Employment Status: Full time Part-time Casual

Unit/Practice Area where the Registered Nurse works or worked:

Float position: Yes No

Impact on client/others:

Registered Nurse response/explanation during employer follow up:

Employer action:

Other information relevant to the complaint:

PRINT