

## FORMAL COMPLAINT FORM

## Complainant Information:

Full legal name: (include middle initial or r	name)
Mailing Address: (City/Town, Province/Te	erritory, Postal Code)
Email:	
Phone numbers:	
Work: ( )	Cell or Home: ( )
Are your lad sing this complete to a complete	I2
Are you lodging this complaint as an empl	oyer?
□ Yes	□ No
If yes, please identify the health authority:	
Subject of Complaint:	
Nurse's name:	
Location of incident(s):	
Date(s) of incidents(s):	
	by the Chairpersons of the Professional Conduct Committee if the complaint is conduct not pertaining to the Nursing Profession Act.
A complaint will be dismissed by the chair support the allegation.	person of the Professional Conduct Committee if there is a insufficient evidence
Signature:	Date:

## Date(s) of Incident if known: Actions of Nurse/Description of Incident. Add additional pages if needed.

Please do not send confidential patient information or any information that may violate an individual's right to privacy. The Director of Professional Conduct will make formal requests for any information needed during the investigation. At this stage we simply want to know what material could/should be requested Witnesses (Attach separate sheet if needed)

Witness Name:	Contact information including, phone number, or patient identifier (Initials and date of birth of patient)

Documentation (Attach a separate sheet if needed):

Document title e.g. Internal Investigation, ER record,	Date of Document and/ or Identifier
Inpatient Chart, Transport Record, or Narcotic record	

Print and complete both pages. Please fax or send scanned document via email. Follow up with original to office in person or by mail to

**Executive Director** 

Registered Nurses Association of the Northwest Territories and Nunavut PO Box 2757

Yellowknife, NT X1A 2R1

Phone 867-873-2745

Fax 867-873-2336

Email: ed@rnantnu.ca Website: www.rnantnu.ca

The Director of Professional Conduct will contact you to discuss the matter more fully.