



COLLEGE OF NURSES
OF THE NORTHWEST TERRITORIES AND NUNAVUT

Employer Report Form

Date

This is a Report of:

- Unprofessional Conduct
- Termination
- Suspension of ___ days
- Fitness to Practice
- Resignation

***Please attach relevant discipline letter to this form**

Nurse Information

Full Name

Length of time nurse was in the position at the time of the incident

Registrant's employment status at the time of the incident (select all that apply):

- Full time
- Casual
- Temporary
- Probationary
- Part time
- Self employed
- Multiple employers
- Unknown

Registrant's role at the time of the incident (select all that apply):

- Staff nurse
- Charge nurse
- Educator/Instructor/Clinical
- Manager
- Administrator
- Other:

Type of setting where incident occurred (Choose one):

- Hospital
- Assisted living
- Medical clinic / Primary Care Network
- Mental health / Psychiatry
- Social media
- Homecare

- Occupational health and safety
- Other (describe other):
- Long-term care / Nursing home
- Private residence / Group home
- Palliative care / Hospice
- Remote work setting
- Community
- Cosmetic clinic / Service
- Public health clinic

Level of supervision in the workplace (choose one)

- No supervision (works independently)
- Limited supervision (works nights / weekends only)
- Unknown
- Under supervision at all times
- Usually under supervision but periods of no supervision

Report of Incident

Date of Incident(s):

Facility or Location of Incident:

Describe the incident(s) that occurred on the reported date(s) and who was involved.

How did the incident come to your attention (select all that apply):

- Direct observation
- Patient / family report
- Registrant self-report
- Co-worker / colleague report
- Review of audit report
- Review of incident report

Characteristics of patient (if any apply):

- Child / Infant
- Mental illness / limitations
- Living alone
- Physical limitations
- Cognitive decline
- Terminally ill / palliative
- Other:

Did the action or inaction of the nurse in this incident result in harm to anyone?

- Yes
- No

Who was harmed?

- Patient
- Member of the Public
- Co-worker

What harm was done?

Did you complete an investigation or formal review?

- Yes
- No

What was the outcome of the investigation or formal review?

Were there any factors other than the practice concerns of the nurse reported that were determined to have contributed to the incident (equipment failure, product labeling, workload in the unit?)

- Yes
- no

Comment:

Remediation in the workplace

Is there a plan in place to remediate the nurse's practice/behaviors that contributed to the incident?

- Yes
- No

Description of the nurses response to employer action:

Did the nurse accept responsibility for actions/practice/behavior?

- Yes
- No

Briefly describe registrant's history of similar practice / behavior concerns and performance management and / or discipline rendered.

Name of agencies that were informed of the incident:

COMPLAINANT CONTACT INFORMATION

Name

Position / Title

Department

Name of facility / Agency / Employer

Street Address

City

Postal Code

Phone Number(s)

Fax Number

Email Address

ACKNOWLEDGEMENT

I have read and understand the CANN will notify the registrant as named above of my complaint and provide a copy of my complaint to the registrant.

Date:

Signature: