



**COLLEGE OF NURSES**  
OF THE NORTHWEST TERRITORIES AND NUNAVUT

**Public Complaint Form**

**Today's date:**

**Report of Incident**

First and Last Name of Nurse:

Date of Incident:

Facility or Location:

**Description of Incident(s) that occurred on the reported date(s):**

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

- Yes
- No

**Who was harmed?**

- Patient
- Member of Public
- Co-Worker

**What harm was done?**

ACKNOWLEDGEMENT I have read and understand the following:

- CANN will notify the Nurse as named above of my complaint and provide a copy of my complaint to the Nurse with my contact information removed.
- CANN will obtain the patient's personal health information, such as diagnostic, treatment and patient care information when relevant, and if this matter is investigated.
- Any information collected during an investigation will be used for the CANN conduct process.

Please date and sign the complaint below (Required)

Name

Signature

Date

**REPORTER CONTACT INFORMATION (CONFIDENTIAL)**

Name

Full Mailing Address

Email Address

Phone Number(s)

**I am a:**

- Patient
- Family of Patient
- Co-worker
- Friend of Patient
- Other

Describe other:

**Have you spoken to anyone to try to resolve your complaint?**

Nurse involved

- Yes
- No

Manager

- Yes
- No

Enter the date reported if applicable:

Describe the managers response and outcome of your report of incident:

**Health Service Provider (Patient Relations or Patient Concerns)**

- Yes
- No

Enter the date reported if applicable:

Describe the Health Service Provider's response and outcome of your report of incident:

**Have you contacted CNNN before about your Complaint?**

Yes

No

**What do you hope will happen as a result of your complaint?**

Education

Apology

Investigation

Other Describe other: