

# **Public Complaint Form**

Today's date:

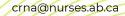
## **REPORT OF INCIDENT**

First and Last Name of Nurse

**Date of Incident** 

**Facility or Location of Incident** 

#### Briefly describe the incident(s) that occurred on the reported date(s)



# CRNA

## Type of setting where incident(s) occurred:

(Choose one)

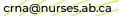
🗆 Hospital	□ Long-term Care / Nursing Home
□ Assisted Living	Private Residence / Group Home
Medical Clinic/Primary Care Network	□ Palliative Care / Hospice
□ Mental Health/Psychiatry	Remote Work Setting
🗆 Social Media	□ Community
□ Homecare	Cosmetic Clinic/ Service
□ Occupational Health and Safety	🗆 Public Health Clinic
□ Other	
Describe other:	

Did the action / inaction of the Registrant in this incident result in	□ Yes	🗆 No	
harm to anyone?			

#### Who was harmed?

🗆 Patient	□ Member of the Public	Co-worker
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#### What harm was done?





## ACKNOWLEDGEMENT

## I have read and understand the following:

CRNA will notify the Registrant as named above of my complaint <b>and provide a copy of my complaint to the Registrant with my contact information redacted.</b>
CRNA 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 CRNA conduct process.

### Please date and sign the complaint below (Required)

Print Name	
Signature	
Date	

crna@nurses.ab.ca



## **REPORTER CONTACT INFORMATION (CONFIDENTIAL)**

Name	
Mailing Address	
Email Address	
Phone Number(s)	

#### l 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 Enter the date reported if applicable: Describe the managers response and outcome of your report of incident:	□ Yes	□ No
Health Service Provider (Patient Relations or Patient Concerns) Enter the date reported if applicable: Describe the Health Service Provider's response and outcome of your report of incident:	□ Yes	□ No
Another Agency (PPC, OIPC, RCMP, EPS, CPS) Enter the name of the agency involved:	□ Yes	□ No
Have you contacted CRNA before about your Complaint?	🗆 Yes	□ No

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

□ Education	□ Apology	□ Investigation
🗆 Other		
Describe other:		

crna@nurses.ab.ca