CARNA College & Association of Registered Nurses of Alberta

CARNA Employer Complaint Form

Today's Date:

This is a report of:		
☐ Unprofessional Conduct ☐ Fitness to Practice ☐ Suspension Days - Number of days	☐ Termination ☐ Resignation	Please attach relevant employer letter to this form.

Regulated Member Information	
Full Name	
Registration #	
Length of time Regulated Member in position held at the time of the incident:	
Enter length of time	

Regulated Member's Employment Status at the time of the incident *(select all that apply)*		**Regulated Member's Role at the time of the incident** *(select all that apply)*
☐ Full Time	☐ Part Time	☐ Staff Nurse
☐ Casual	☐ Self Employed	☐ Charge Nurse
☐ Temporary Position	☐ Multiple Employers	☐ Educator/Instructor/Clinician
☐ Probationary	☐ Unknown	☐ Manager
		☐ Administrator
		☐ Other:

Type of setting where incident occurred: *(Choose one)*	
☐ Acute care	☐ Long term care/Nursing home
☐ Assisted living	☐ Palliative care/Hospice
☐ Clinic/Primary Care Network	☐ Private residence/Group home
☐ Remote work setting	☐ Other:

Level of Supervision in the workplace:		
☐ No supervision (works independently)	☐ Usually under supervision but periods of no supervision	☐ Unknown
☐ Limited supervision (works nights/ weekends only)	☐ Under supervision at all times	

Report of Incident			
Date(s) of Incident(s):			
Location of Incident(s):			Location type
Incident(s) / Event(s)			
Describe what happened, how it happened and who was involved. If more space needed, attach on separate sheet.			
Did the action/inaction of the Regulated Member in this incident result in harm to anyone?			☐ Yes ☐ No
Who was harmed?	☐ Patient	☐ Member of public	☐ Co-worker
What harm was done?			
How the incident came to your attention: *(select all that apply)*			
☐ Direct Observation	☐ Regulated Member self-report		☐ Review of audit report
☐ Patient/family report	☐ Co-worker/colleague report		☐ Review of incident report
Did you complete an investigation or formal review?			☐ Yes ☐ No
If yes, enter the outcome of the investigation or review. If more space needed, attach on separate sheet.			

If you are submitting this complaint because of the requirement to report to CARNA any discipline, termination or resignation of a Regulated Member that involves unprofessional conduct, do you consider this matter to be sufficiently managed in the workplace?	☐ Yes	☐ No
Comment		
Were there any factors other than the practice concerns of the Regulated Member reported that were determined to have contributed to the incident (equipment failure, product labeling, workload on the unit)?	☐ Yes	☐ No
If yes, describe the contributing factors identified and action that you have taken to resolve those factors that contributed to the incldent. If more space needed, attach on separate sheet.		
Remediation in Workplace		
Is there a plan in place to remediate Regulated Member practice/behavior that contributed to the incident?	☐ Yes	☐ No
Comment:		
Description of Regulated Member Response to employer action:		
Enter regulated member response (member engagement in remediation plan, etc). If more space needed, attach on separate sheet.		
Did the Regulated Member accept responsibility for actions/practice/behavior?	☐ Yes	☐ No
Comment:		
Briefly describe Regulated Member history of similar practice/behavior concerns and performance management and/or discipline rendered?		
Enter description of history. If more space needed, attach on separate sheet.		
Names of other agencies that were informed of the incident:		
Enter other agencies informed.		

Characteristics of Patient: (if any apply)		
☐ Infant or child	☐ Living alone	☐ Cognitive decline
☐ Mental illness / limitations	☐ Physical limitations	☐ Terminally ill / paliative
Other		

Complainant Contact Information	
Name	
Position / title	
Name of facility / agency / employer	
Department	
Street Address	
City	
Postal Code	
Phone Number(s)	
Fax Number	
E-mail Address	

Acknowledgement

I have read and understand CARNA will notify the Regulated Member as named above of my complaint and provide a copy of my complaint to the Regulated Member.

Please date and sign the complaint.

Date:	Signature: