

## **Public Complaint Form**

#### **REPORT OF INCIDENT**

First and Last Name of Nurse	
Date(s) of Incident(s)	
Facility or Location of Incident(s)	

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

If extra space is required, please provide additional information as a separate attachment. Please do not attach patient records.

# CRNA

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

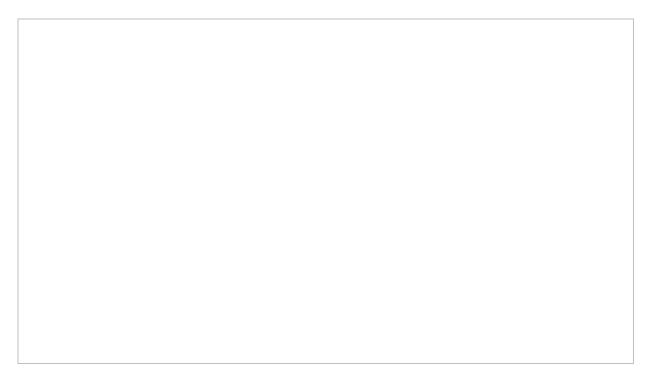
(choose one)

Long-term Care / Nursing Home	
Private Residence / Group Home	
Palliative Care / Hospice	
Remote Work Setting	
Community	
Cosmetic Clinic / Service	
Public Health Clinic	
Virtual Health	
Other (please describe)	

#### Who was harmed?

Patient	Member of the Public	Coworker	No Harm	
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#### What harm was done?





#### ACKNOWLEDGEMENT

#### I have read and understand the following:

The 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> .
The 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)

Your typed or electronic signature is considered as legally valid as your handwritten signature on this form.

First and Last Name	
Signature	
Date	



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

First and Last Name	
Mailing Address	
Email Address	
Phone Number(s)	

#### l am a:

Patient	Family of Patient
Coworker	Friend of Patient
Other (please describe)	

#### Have you spoken with anyone to try to resolve your complaint?

Nurse involved	Yes	No
Manager <b>Enter the date reported</b> , if applicable:	Yes	No
Describe the manager's response and the outcome of your report of the incident:		
Health Service Provider (Patient Relations or Patient Concerns) <b>Enter the date reported</b> , if applicable:	Yes	No
Describe the Health Service Provider's response and the outcome of your report of the incident:		

Another Agency (PPC, OIPC, RCMP, EPS, CPS) Enter the name of the agency involved, if applicable:	Yes	No
Have you contacted the CRNA about your complaint before?	Yes	No

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

Education	Investigation
Other (please describe)	