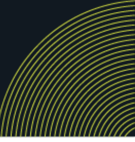
CRNA College of Registered Nurses of Alberta



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.

Type of setting where the 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
Correctional Facility	Virtual Health
Other (please describe)	

Who was harmed?

Patient	Member of the Public	Coworker	No Harm

What harm was done?

REPORTER CONTACT INFORMATION (CONFIDENTIAL)

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

I 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 **Enter the date reported**, if applicable: **Describe the manager's response and the outcome of your report of the 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 the outcome of your report of the incident**:	Yes	No

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)	

ACKNOWLEDGEMENT

I have read and understand the following:

	The CRNA will notify the Registrant, as named above, of my complaint **and provide a copy of my complaint to the Registrant with my contact information redacted**.
	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	