

COMPLAINT FORM

Mail to:

Michelle Osmond, RN MS(N)
Director of Professional Conduct Review
Association of Registered Nurses of
Newfoundland and Labrador
55 Military Road
St. John's, NL A1C 2C5

Today's Date

YOUR DETAILS:			
Name: _____			
Mailing address: _____			
Town/City: _____		Postal Code: _____	
Telephone Number(s) _____			
Email address: _____			
I am:	Employer	Co-Worker	Patient
	Family member of a patient	Friend of a patient	
	Other (please specify): _____		

INSTRUCTIONS:

- **Complete all sections of the Complaint Form, print, sign and mail the original to the Director of Professional Conduct Review.**
- **Attach any supporting documents to the Complaint Form.**
- **If your complaint involves more than one Registered Nurse/Nurse Practitioner, you will need to complete a separate Complaint Form for each one.**

You may find it helpful to review examples of conduct deserving of sanction in the By-Laws for ARNNL to assist in determining if what the nurse did was unsafe or unethical. This document can be found on the ARNNL website at: https://www.arnnl.ca/sites/default/files/ARNNL_By-laws.pdf

IMPORTANT:

Please note that **your name** and **a copy of the next page** (Complaint Details) will be sent to the Registered Nurse/Nurse Practitioner you have identified. Your contact information **will not** be shared. Any additional information attached to this form will be considered as part of the complaint and may be provided to the Registered Nurse/Nurse Practitioner.

By signing below, I confirm that I have read, and I understand the following:

- I am making a formal complaint against the Registered Nurse/Nurse Practitioner named in this Complaint Form;
- ARNNL's Complaints Authorization Committee may investigate the complaint and obtain personal health information such as patient records, interview witnesses, and request information from relevant sources;
- Information obtained in an investigation will be disclosed to the Registered Nurse/Nurse Practitioner;
- If the complaint proceeds to a hearing, information relating to the complaint will be required to be disclosed and I may be called as a witness to testify;
- My name and a copy of the Complaint Details will be sent to the Registered Nurse/Nurse Practitioner.

Signature

Date

Print Name

COMPLAINT DETAILS

Date and time of Incident: _____

Location of Incident: _____

Example: name of hospital, unit, city

Name of Registered Nurse:¹ _____

License Number:² _____

State what you consider the Registered Nurse did or didn't do that was unsafe/unethical practice or conduct:

¹ For the remaining portions of the form, the term Registered Nurse refers to both Registered Nurses and Nurse Practitioners

² ARNNL's Public Register of license holders/members may be found at <https://www.arnnl.ca/member-search>

Describe each event related to your concern of the Registered Nurse's unsafe/unethical practice or conduct:

Witnesses (if known):

Provide the name(s) of all individuals who may have direct knowledge/information regarding the complaint, including details about the nature of their involvement (e.g., Physician, nurse, receptionist, witness) and what type of information they may be able to provide. These individuals may be contacted as part of any investigation ARNNL may conduct.

Name of Witness	Contact Information	Details of their Involvement

What do you expect will happen as a result of your complaint? (Provide a response if applicable)

Alternative Dispute Resolution

ARNNL has an Alternative Dispute Resolution³ process where the Director of Professional Conduct Review may attempt to resolve the complaint between the parties. If an agreeable resolution is reached between the parties, the complaint will be considered resolved. If a resolution cannot be reached, the matter will be referred to ARNNL's Complaints Authorization Committee.

Would you be agreeable to participating in an Alternate Dispute Resolution process?

Yes

No

Unsure

³ Alternate Dispute Resolution is an agreement process to resolve allegations filed against a Registered Nurse. The parties, the Registered Nurse, the Complainant and ARNNL, agree to terms and conditions that will address the concerns raised in the allegation such as remedial education, monitoring of his/her practice, submission of a self-reflection on his/her learnings or other conditions.