



COMPLAINT FORM

300 - 120 Western Parkway
Bedford, Nova Scotia B4B 0V2
Tel: 902-444-6726
Toll-free (NS) 1-833-267-6726
fax: 902-377-5188
conduct@nscn.ca

NOTE: in order to save, open form with Adobe Acrobat

PERSON MAKING COMPLAINT (Complainant)

Full Name		
Street Address		
City	Province	Postal Code
Phone	Email	
Personal Pronoun		<input type="checkbox"/> She/her
<p>You are invited to share (if you wish) the pronouns that you would like us to use in communications with and/or about you. Please note that unless otherwise specified, we typically use "they/them" as inclusive pronouns for all persons in our complaints process.</p>		<input type="checkbox"/> He/him
		<input type="checkbox"/> They/them
		<input type="checkbox"/> Please specify:
		<input type="checkbox"/> Prefer not to say
What is your relationship with the nurse who you are complaining about?		
<input type="checkbox"/> I am the nurse's employer (please also complete Form A - for Employers)		
<input type="checkbox"/> I am a coworker		
<input type="checkbox"/> I received care from this nurse		
<input type="checkbox"/> Someone I know received care from this nurse		
If your complaint is about the care provided to someone else, please specify your relationship to that person by choosing one of the options below and complete Form B - Authorization to Submit a Complaint:		
<input type="checkbox"/> Family/Friend of living person who received care who has capacity		
<input type="checkbox"/> Family/Friend of living person who received care who does not have capacity		
<input type="checkbox"/> Family/Friend of deceased person who received care		
<input type="checkbox"/> Other, please describe your relationship with the nurse:		

DETAILS OF THE NURSE (provide as much information as possible)

	<input type="checkbox"/> LPN	<input type="checkbox"/> RN	<input type="checkbox"/> NP
Nurse's Name (first and last name)	Nurse's designation		
Name of Hospital, Nursing or Care Home, or Home Care Provider			
Name of Building and/or unit where care was provided			



COMPLAINT FORM

300 - 120 Western Parkway
Bedford, Nova Scotia B4B 0V2
Tel: 902-444-6726
Toll-free (NS) 1-833-267-6726
fax: 902-377-5188
conduct@nscn.ca

NOTE: in order to save, open form with Adobe Acrobat

DETAILS OF YOUR COMPLAINT

Please describe your concern in as much detail as possible, including the date(s) and time(s) of each incident if known. If you require additional space, please continue on a separate sheet and attach to this form.

Check here if you are attaching a separate sheet(s).

A copy of this complaint will be sent to the nurse(s) detailed in this complaint form.

Date of Incident(s)	Time
Description of Incident(s):	



COMPLAINT FORM

300 - 120 Western Parkway
Bedford, Nova Scotia B4B 0V2
Tel: 902-444-6726
Toll-free (NS) 1-833-267-6726
fax: 902-377-5188
conduct@nscn.ca

NOTE: in order to save, open form with Adobe Acrobat

WITNESS

Please identify any individuals who were present at the time the incident(s) occurred, or have information relevant to the complaint:

Witness Name	Contact Information
Witness Name	Contact Information

If you require additional space, please continue on a separate sheet and attach to this form.

Check here if you are attaching a separate sheet(s).

DOCUMENTS

Please list any documents you are attaching.

Document Title or Description
1.
2.
3.
4.
5.

If you require additional space, please continue on a separate sheet and attach to this form.

Check here if you are attaching a separate sheet(s).

OTHER EFFORTS TO ADDRESS YOUR COMPLAINT

Please describe any other steps you have taken to address your concerns.

CONFIRMATION

- I confirm that the information provided in this complaint is true and accurate to the best of my knowledge.
- I have read and understand the enclosed Submitting a Complaint: Information Sheet found on pages 5 and 6.

Complainant's Signature	Date



FORM A for Employers

300 - 120 Western Parkway
Bedford, Nova Scotia B4B 0V2
Tel: 902-444-6726
Toll-free (NS) 1-833-267-6726
fax: 902-377-5188
conduct@nscn.ca

NOTE: in order to save, open form with Adobe Acrobat

Title of Person Making Complaint:

Name and Registration Number of Nurse Complained About:

Nurse's Designation:

LPN

RN

NP

Employment history of nurse including current position:

Disciplinary history of nurse relevant to this complaint, if any:

Current employment status of nurse:

SUBMITTING A COMPLAINT INFORMATION SHEET

NOTE: in order to save, open form with Adobe Acrobat

In addition to the information on our website, this information sheet provides you with a brief overview of what to expect when you submit a complaint to NSCN. If you have any questions, please contact us.

Before Submitting a Complaint

Before you submit the complaint, please consider that we are not able to:

- Address complaints about any health care providers other than nurses
- Address complaints about the facility where the incident occurred
- Order financial compensation to anyone including patients, complainants or their families
- Process a complaint without notifying the nurse about the complaint

Important Information About Your Complaint

Unless exceptional circumstances apply, all information you submit, including the complaint form and any documents you provide, will be given to the nurse named in the complaint. However, your personal contact information will not be shared.

Where patient care is involved, we have the authority to obtain medical records. These medical records and other information obtained may also be provided to the nurse named in the complaint.

We will disclose information provided or obtained in the course of the complaints process to the appropriate NSCN staff, investigators and committee members involved in the resolution of this matter. Where we determine it is necessary, information may be disclosed to you or other witnesses.

At a later stage in the complaints process, if the matter is referred to a hearing, the information you have been provided or that we have obtained may become public where required under the *Nursing Act, Regulations* or By-laws.

We take confidentiality seriously throughout the complaints process. If you submit a complaint, you are not prevented from discussing the subject matter of the complaint. However, information or documents we provide to you during the course of the complaints process must not be shared. There are some exceptions, such as if material is otherwise publically available.

If you obtain documents or information in the course of the investigation and resolution of this matter, the documents and information must be kept strictly confidential and cannot be used in legal proceedings such as civil lawsuits or arbitration processes.



SUBMITTING A COMPLAINT INFORMATION SHEET

300 - 120 Western Parkway
Bedford, Nova Scotia B4B 0V2
Tel: 902-444-6726
Toll-free (NS) 1-833-267-6726
fax: 902-377-5188
conduct@nscn.ca

NOTE: in order to save, open form with Adobe Acrobat

Submit a Complaint Checklist

Use the checklist below to make sure you complete and submit the required documents in order to submit a complaint:

1. *Complaint Form* or written document that includes the following:

- Your name and contact information
- The full name of the nurse or nurses involved
- A description of the conduct which causes concern
- Signature and date of submission
- Copies of documents that support your complaint

2. *Authorization to Make a Complaint Form*, if you are submitting a complaint on behalf of someone else.

3. All relevant documents, as noted in the *Complaint Form* and *Authorization to Make a Complaint Form*, if applicable.

Please ensure these documents are submitted to NSCN by:

Mail or in person:

NSCN – Professional Conduct Services – Intake
300 – 120 Western Parkway
Bedford, NS B4B 0V2

Email:

conduct@nscn.ca

Fax:

902- 377-5188