Formal Complaint Form – Employers, facility operators, and health care providers

The following form is intended for employers, facility operators and health care provider wishing to make a formal complaint regarding a LPN.

Employers must inform the Association when they suspend, terminate, or intend to terminate, the employment of a member of the Association. Employers also have an obligation to report incidents or suspicions of abuse, incompetence, or incapacity.

Your Contact Information

Full Name: _____

Phone (h): _____ (c): _____

Home Address: _____

City: _____ Postal Code: _____

Workplace Information

Name of Organization: _____

Phone: _____ Fax: _____

Address: _____

City: _____ Postal Code: _____

Incident Information

Name(s) of the LPN(s) involved: _____

LPN's registration number: _____

LPN's position: _____

Healthcare facility: _____

The date(s) and time(s) the incident(s) occurred, if known:

_____

_____

_____

The exact location where the incident occurred, if known (e.g., name of facility, nursing unit):

_____

_____

Details of the complaint (please be as specific as possible):

Please continue on a separate page, if needed, and attach to this form.

Signature: _____ Date: _____

If you have any questions, please contact the ANBLPN at (506) 453-0747 or at execdir@npls.ca.
Please send your detailed complaint in writing to:

JoAnne Graham, LPN/IAA
Executive Director – Registrar
384 Smythe Street
Fredericton, NB
E3B 3E4

For Office Use Only:
Date Complaint Received:

*For assistance or more information on the reports process, please contact the ANBLPN at (506) 453-0747 or at general@anblpn.ca.