Formal Complaint Form – Members of the public

The following information is intended for members of the public wishing to file a complaint about the conduct of a LPN.

Your Contact Information

Full Name: _____

Phone (h): _____ (c): _____

Home Address: _____

City: _____ Postal Code: _____

Incident Information

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

*Please also include below the LPN's registration number, position, and healthcare facility, if known.

_____

_____

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, room number):

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_____

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

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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: