

## COMPLAINT FORM

### 1. About you (the complainant)

Full Name:

Address:

City:

Province:

Postal Code:

Phone:

Mobile:

Email:

I am a patient

I am a coworker

I am representing the patient. My relationship to the patient is:

(Parent, Guardian, Spouse, Friend, Lawyer)

Other

**About the Patient** (check here if same as above 

Full Name:

Mailing Address:

Phone Number(s):

Email:

### 2. Complaint Details

If your complaint involves more than one LPN, you will need to complete a separate complaint form.

Name of Nurse Involved:

Facility or Hospital Address:

Date and Time Issue Arose:

Details of complaint (attach additional details if required)

