



## PUBLIC COMPLAINT FORM

Members of the public may use this form to report incidents involving concerns of unprofessional conduct against a Licensed Practical Nurse (LPN) to the College of Licensed Practical Nurses of Alberta (the CLPNA).

### COMPLAINT INFORMATION

Name of LPN Involved:	
Registration Number, if known:	
Where the Incident Occurred:	
Date(s) of the Incident:	

**Describe in detail the LPN's conduct (attach additional details or documents if required)**



## ACKNOWLEDGMENT

I have read and I understand the following:

- The CLPNA will notify and provide a copy of this complaint to the LPN, as named above; and
- The CLPNA may collect, use, and disclose any and all information that may be related to this complaint, including personal health information for conduct and other regulatory purposes, in accordance with the applicable legislation.

## SIGN AND DATE THE COMPLAINT

In accordance with section 54(1) of the *Health Professions Act*, a written complaint must be signed. Any electronic signature has the same legal validity and effect as your handwritten signature on this form.

Print Name:	
Signature:	
Date:	

Please submit the completed form and any relevant attachments to the CLPNA via mail, email or fax to:

### Complaints Director

The College of Licensed Practical Nurses of Alberta  
St. Albert Trail Place  
13163 146 Street  
Edmonton AB T5L 4S8

Email: [complaints@clpna.com](mailto:complaints@clpna.com)

Fax: 780.484.9069



**YOUR CONTACT INFORMATION (Confidential)**

Name:	
Mailing Address:	
Email Address:	
Phone Number:	

<input type="checkbox"/>	I am a patient	
<input type="checkbox"/>	I am a co-worker	
<input type="checkbox"/>	I am representing a patient	
	Patient's Name:	
	Relationship to the Patient:	
<input type="checkbox"/>	Other	Describe:

**Have you spoken to anyone about the incident?**

<input type="checkbox"/>	<input type="checkbox"/>	The LPN, Facility and or Employer
Details: Name, date, actions taken, etc:		
<input type="checkbox"/>	<input type="checkbox"/>	Another Agency (Protection for Persons in Care, RCMP, or Police Service)
Details: Name, date, actions taken, etc:		

**What outcome do you hope to come out of your complaint?**

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