



EMPLOYER COMPLAINT FORM

Employers may use this form to give notice to the College of Licensed Practical Nurses of Alberta (the CLPNA), pursuant to section 57(1) of the *Health Professions Act*, regarding a Licensed Practical Nurse (LPN).

COMPLAINT DETAILS

Name of LPN Involved:			
Registration Number:			
Employment Status:	Full-Time	Part-Time	Casual
Notification of:	Suspension	Termination	Resignation
Suspension, Termination, or Resignation Dates (if applicable):			
Date of the Incident:			

Describe in detail the LPN’s conduct (attach a copy of the discipline letter if applicable)



EMPLOYER'S INFORMATION

Name of Complainant:			
Position/Title:			
Name of Facility/Agency/Employer:			
Mailing Address:			
Email Address:			
Phone Number:			
Facility Type:	Hospital	Long Term Care	Clinic
	Assisted Living	Home Care	Correctional Facility
	Other		

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

An electronic signature will have 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 Fax: 780.484.9069