



College of  
Registered Nurses  
of Manitoba

## Professional Conduct Report

**Person Lodging Complaint:**

**Address:**

**Email:**

**Telephone:**      Work:

                         Home:

                         Cell:

**Nurse Being Reported:**

**Nurse's Employer Name and Address:**

**Patient/Resident/Client Name:**

**Relationship to Patient:**

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Please provide as much detailed information as possible below about your complaint including names, dates, times and places. If possible, please attach copies of medical records, correspondence, contracts, and any other documentation that will help support your complaint (attach additional sheets if necessary).

**Details about your complaint:**

**Date:**

**Signature:** \_\_\_\_\_

**Please submit this completed form to:**

College of Registered Nurses of Manitoba

890 Pembina Highway

Winnipeg, MB R3M 2M8

Phone: (204) 774-3477 Toll Free (in Manitoba only): (800) 665-2027

Fax: (204) 775-6052

Email: [bdotzlaw@crnm.mb.ca](mailto:bdotzlaw@crnm.mb.ca)