



College of
Registered Nurses
of Manitoba

Professional Conduct Report

Person Lodging Complaint:

Address:

Email:

Telephone: Work:
 Home:
 Cell:

Nurse Being Reported (First and Last Name):

Location of the incident:

Patient/Resident/Client Name (Click the checkbox if same as you):

Did the action/inaction of the Registered Nurse result in harm to anyone?

Yes No

If yes, who was harmed?

Describe the harm:

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:

Please provide the name(s) and contact information of any individual who was present at the time of the incident or has information relevant to the complaint.

Witness name(s) and Contact information:

Acknowledgement:

I have read and understand the following:

- that CRNM will notify the Registered Nurse as named above of my complaint and provide a copy of my complaint to the Registered Nurse.
- that my name, as the complainant, will be released to the Registered Nurse named in the complaint, the CRNM Investigation Committee and/or the CRNM Discipline Committee for the purpose of conducting a thorough investigation.

Date:

Signature: _____

Please submit this completed form to:

College of Registered Nurses of Manitoba

210 Commerce Drive

Winnipeg, MB R3P 2W1

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

Fax: (204) 775-6052

Email: CEOregistrar@crnm.mb.ca