

**COLLEGE OF REGISTERED NURSES
OF PRINCE EDWARD ISLAND**

**Unit 6 - 161 Maypoint Rd, Charlottetown PE C1E 1X6
Tel: 902-368-3764 Fax: 902-628-1430 Email: info@crnpei.ca**

FORM OF COMPLAINT FOR PROFESSIONAL CONDUCT REVIEW OF NURSES

NAME OF NURSE INVOLVED: _____

RN REGISTRATION NUMBER (IF _____

KNOWN): COMPLAINT MADE BY: Name: _____

Address: _____

Telephone: _____

I hereby certify that the statements in this complaint are true and that I will appear before the committee to support the complaint.

Date: _____

Signature: _____

Please complete in as much detail as is necessary to make a clear description of the situation and forward to the Chief Executive Officer of the College of Registered Nurses of PEI.

DETAILS OF OFFENCE ALLEGED: Include date(s), place(s) of occurrence(s), patient name(s).