

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

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MEMBER'S RESPONSE TO COMPLAINT

COMPLAINT NUMBER: _____

NAME OF REGISTERED NURSE: _____

RN REGISTRATION NUMBER: _____

I hereby certify that the statements on this form are true.

Date: _____

Signature: _____

I admit the following allegations:

I deny the following allegations:

My version of the facts is as follows:

Other information I wish to add: