

The College of Registered Nurses of Saskatchewan (CRNS) regulates Saskatchewan registered nursing practice in the best interest of the public through investigation of written complaints about a CRNS member's professional incompetence and/or professional misconduct pursuant to sections 25 and 26 of *The Registered Nurses Act, 1988*. This legislation mandates the CRNS have independent, fair, and unbiased investigation and discipline processes. The jurisdiction for investigation and discipline is limited to CRNS members who at any time were on the register to practice as a: Registered Nurse (RN), Graduate Nurse (GN), Registered Nurse (Approved Authorized Practice) RN(AAP), Nurse Practitioner (NP), and Graduate Nurse Practitioner (GNP), in Saskatchewan.

To submit a complaint, please complete this form.

You will need to include details about your complaint, including:

- the date(s) and time(s) the incident(s) occurred.
- the name and address of the facility where the incident(s) occurred.
- the name of the CRNS member involved.

To verify the Registered Nurse's name please use the [Nurse License Check](#) at crns.ca.

If you don't know the name of the registered nurse please contact the unit manager or the [SHA Quality Care Coordinator](#) in your area or the Patient Advocate in the facility for assistance.

Having this information readily available will make it easier to complete the form.

Once you have completed the form:

- Click the SUBMIT COMPLAINT button. OR
- Save it to your computer and email it to professionalconduct@crns.ca. OR
- Print and mail it to: Attn: Complaints and Investigations
College of Registered Nurses of Saskatchewan
1-3710 Eastgate Dr.
Regina SK S4Z 1A5

Disclosure: By submitting this complaint, the CRNS:

- may obtain your personal health information if you are the patient, or the patient's personal health information, for the purpose of investigating your complaint.
- will notify the nurse of your complaint and will provide the nurse with a copy of it.

What the CRNS cannot do:

- Address complaints about the facility where the incident occurred.
- Address complaints about other health care professionals who are not Registered Nurses. (For example, physicians, registered psychiatric nurses, licensed practical nurses, continuing care assistants).
- Directly intervene in a patient's care.
- Process complaints without notifying the nurse about the complaint.

If you would like more information about the complaints process, email professionalconduct@crns.ca or call 306.359.4240 (toll-free in Canada 1 (800) 667.9945).

To maintain transparency and fairness, a copy of this complaint will be sent to the Registered Nurse detailed in this complaint form.

TODAY'S DATE:

REPORT OF THE INCIDENT

First and Last Name of Registered Nurse	
Facility/Hospital & Unit of Incident	
City/Town	

COMPLAINT DETAILS

(Please describe your concerns/incidents related to the Registered Nurse's practice in as much detail as possible: what, how, who and when including date and time of each incident that led to this complaint. If you have more than one concern/incident, please list them individually. Use a new text box for each incident to capture what happened. If additional space is needed, please use last page.)

Concern/Incident #1 - Date and Time:	

COMPLAINT FORM

Concern/Incident #2 - Date and Time:	

Concern/Incident #3 - Date and Time:	

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

Yes No

If yes, who was harmed? Patient Member of the Public Co-Worker

Describe the harm.

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COMPLAINT FORM

ACKNOWLEDGEMENT:

I have read and understand the following:

- that the CRNS 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 CRNS Investigation Committee and/or the CRNS Discipline Committee for the purpose of conducting a thorough investigation.
- that the CRNS may obtain a patient’s personal health information such as diagnostic, treatment and patient care information when relevant to the investigation of this matter.
- the constraints and obligations of the investigative process as described on the CRNS [website](#).

Please date and sign the complaint:

Printed Name	
Signature	
Date	

COMPLAINT FORM

Please note that other than your name as provided above, the following details will remain confidential and will not be shared with the Registered Nurse.

REPORTER CONTACT INFORMATION

(Required so that an Investigation team member can contact you)

First and Last Name	
Mailing address	
Daytime phone number	
Email address	

INFORMATION ABOUT THE PATIENT (check if same as above)

First and Last Name	
Mailing address	
Daytime phone number	
Email address	
Date of Birth (Required)	

If you are making this complaint on behalf of a patient, please indicate if you have the patient's consent or knowledge of the matter reported.

Yes No

What is your relationship with Registered Nurse who you are complaining about?

- Patient
- Family member of patient
- Friend of patient
- Co-worker
- Other

COMPLAINT FORM

Actions taken so far to address your complaint.

Have you spoken to:

Registered Nurse involved

Registered Nurse's Manager

SHA Quality Care Coordinator /
Patient Advocate

Co-worker

Other:

WITNESS(ES)

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:	Contact Information:
Witness Name:	Contact Information:
Witness Name:	Contact Information:

DOCUMENTS

If your concern is related to inappropriate use of social media, please include with this form screenshots of the social media posts/content.

Please include any evidence or documents that you may have related to the complaint that may be helpful in the investigation (i.e., pictures, audio recordings etc.)

Please note that personal health information, must be formally requested pursuant to the [Health Information Protection Act](#) by CRNS Complaints and Investigation.



COMPLAINT FORM

ADDITIONAL INFORMATION