College of LPNs and HCAs of Alberta

EMPLOYER COMPLAINT FORM

Employers may use this form to give notice to the College of Licensed Practical Nurses and Health Care Aides of Alberta (the CLHA), pursuant to section 57(1) of the *Health Professions Act*, regarding a Licensed Practical Nurse (LPN) or Health Care Aide (HCA).

COMPLAINT DETAILS

Name of Registrant Involved:			
Registration Number:			
Employment Status:	Full-Time	Part-Time	Casual
Notification of:	Suspension	Termination	Resignation
Suspension, Termination, or Resignation Dates (if applicable):			
Date of the Incident:			

Describe in detail the conduct that occurred (attach a copy of the discipline letter if applicable):

CLHA
College of LPNs and HCAs of Alberta

EMPLOYER'S INFORMATION

Name of Complainant:		
Position/Title:		
Name of Facility/Agency/Employer:		
Mailing Address:		
Email Address:		
Phone Number:		
Facility Type:	Select from list	
	Other	

ACKNOWLEDGMENT

I have read and I understand the following:

- The CLHA will notify and provide a copy of this complaint to the registrant, as named above; and
- The CLHA may collect, use, and disclose any and all information that may be related to this complaint, including personal health information for conduct and other regulatory purposes, in accordance with the applicable legislation.

SIGN AND DATE THE COMPLAINT

An electronic signature will have the same legal validity and effect as your handwritten signature on this form.

Print Name:	
Signature:	
Date:	

Please submit the completed form and any relevant attachments to the CLHA via mail, email or fax to:

Complaints Director
The College of Licensed Practical Nurses and Health Care Aides of Alberta
St. Albert Trail Place
13163 146 Street
Edmonton AB T5L 4S8

Email: complaints@clha.com