

COMPLAINT FORM FOR EMPLOYERS

*This form is for use by **employers** to report complaints regarding regulated members of the Alberta College of Paramedics.*

Instructions

- Complete this form with as much detail as possible
- If you have complaints about more than one member, submit one complaint form per member
- If you are filling the form out by hand, please print as clearly as possible
- Sign and date the form before mailing or emailing it to the College
- Attach a copy of the letter of termination, suspension or resignation, if relevant. Do not attach any other documentation at this time.

Next steps

1. Once your complaint form reaches us, the Complaints Director will review your information. At this point, we may reach out to you and/or the parties you have identified.
2. The College will send a copy of your complaint, with your name, to the regulated member(s) for their response. (Your personal contact information will not be shared.)
3. We may contact any individuals or organizations that you have named in your complaint if we believe they can provide additional details. These parties may also receive a copy of your complaint form.
4. Upon the completion of these steps, we will follow up with you.

Note: the complaint process can take several months, depending on the complexity and severity of your complaint

Checklist

Did you include:

- The name of the regulated member
- Your name and contact information
- Detailed description of the complaint
- Your signature
- The date you signed the complaint form

Questions?

If you have any issues completing this form, or would like to speak with someone about your complaint before you file this form, please contact the College for assistance:

Tel: 780.449.3114
Toll Free: 1.877.351.2267

The College communicate primarily by email unless legislation requires us to send you hard copies. If you are unable to communicate by email, please contact the College at Complaints@ABparamedics.com.

EMPLOYER INFORMATION

Employer Name/Organization:**Contact Name (First & Last):****Salutation (Mr., Mrs., Ms., Miss, Dr.):****Contact Position (e.g. manager, supervisor, director, chief):****Address (street address, city, province, postal code):****Phone:****Email:**

REGULATED MEMBER INFORMATION

Name (First & Last):**Practice Permit (R0 Number):****Employment Status:**

- Full time
- Part time
- Casual

Designation:

- Advanced Care Paramedic (ACP)
- Primary Care Paramedic (PCP)
- Emergency Medical Responder (EMR)

Complaint Details

Incident Setting

- Healthcare facility
- Ambulance
- Correctional facility
- Private residence
- Public venue
- Office/worksite
- Other: _____

Date of Incident: _____

- This incident happened over multiple dates.

Did the action/inaction of the regulated member in this incident result in harm to anyone?

- Yes
- No

If yes, who was harmed?

- Patient
- Member of the public
- Co-worker

What harm was done?

Complaint Details (include as much detail as possible)

REPORTING DETAILS

What is the nature of the conduct that has led to this report?

- Unprofessional conduct
- Termination
- Fitness to practice
- Resignation
- Suspension (# of days: _____)

How did the incident come to your attention (select all that apply)?

- Direct observation
- Regulated member self-report
- Review of audit report
- Patient/family report
- Co-worker/colleague report
- Review of incident report

Did you complete an investigation or formal review?

- Yes
- No

If yes, enter the outcome of the investigation or review. Note: do NOT include a copy of the investigation report with your complaint.

If you are submitting this complaint because of the requirement to report to the College any discipline, termination or resignation of a regulated member that involves unprofessional conduct, do you consider this matter to be sufficiently managed in the workplace?

- Yes
- No

Comment

Were there any factors other than the practice concerns of the regulated member reported that were determined to have contributed to the incident (equipment failure, product labeling, workload on the unit)?

- Yes
 No

If yes, describe the contributing factors identified and action that you have taken to resolve those factors that contributed to the incident.

Names of other agencies that were informed of the incident.

WORKPLACE REMEDIATION DETAILS

Is there a plan in place to remediate the regulated member practice/behavior that contributed to the incident?

- Yes
 No

Comment

Description of the regulated member's response to employer action. (Enter regulated member response (member engagement in remediation plan, etc.)

Did the Regulated Member accept responsibility for actions/practice/behavior?

- Yes
 No

Comment

Briefly describe Regulated Member history of similar practice/behavior concerns and performance management and/or discipline rendered? (Enter description of history.)

ACKNOWLEDGEMENT

By signing below, you agree that the details of your complaint will be shared with the regulated member you have referenced in your complaint.

Signature

Date

Send your completed form to the Alberta College of Paramedics at complaints@ABparamedics.com.