



COMPLAINT FORM

Please use this form to report a Registered nurse who you think is unfit to practice

You can fill out the form OR write a letter to the council.

Please note that the council does not investigate

- Employment issues
- Dispute/relationship/ issues

1. Your details

Full name and Surname	
Address	
Telephone Number	
Email Address	

2. Are you making this complaint on behalf of someone else? Circle the appropriate: YES / NO

Name of the person;	
Address;	
Contact details	
Your relationship to this person? (eg, Son, daughter-in-law, etc.)	
If you are making a complaint for someone else, you will need them to sign the declaration below	
I agree for _____ to make this complaint on my behalf.	
Sign _____	Date _____

3. In what capacity is the complaint being made? Put a tick in the table below;

As a member of the Public	
As the employer of the person complained against	
As a fellow health care professional	



4. Detail of the alleged Nurse/Midwife

Name of the Registered Nurse/Midwife	
Place of work of the Registered Nurse/Midwife	

4. A brief description of the complaint;

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Date _____