

Professional Responsibility REPORT FORM



Immediately file this form with your Local Union. Keep the yellow copy for your records.

Local File #: _____

Local #: _____

Employer: _____

Worksite (ward/unit/office): _____

Date & Time/Shift: _____

Date of Meeting with Supervisor/Manager: _____

This form should be used to identify concerns of employees relating to patient/client/resident care. Such concerns include shortage of staff, unsafe working conditions, placement in areas where you are not trained or oriented, conditions that are unsafe for patients/clients/residents and any other situation that puts care in jeopardy.

Detailed Description of Incident/Issue (*Do not use names of patients, clients, residents, staff or doctors*):

Recommendations: _____

Name (Printed)

E-Mail

Phone No.

Signature

Date

This report does not replace the employer's incident report forms. Check your Employer's policy to see if an incident report is required.



United Nurses of Alberta

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White - UNA Professional Responsibility Committee • Yellow - Employee