

Professional Responsibility REPORT FORM



Immediately file this form with your Local Union. Keep a 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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1st copy- Union/PRC Committee • 2nd copy - Employee