



**FORM B**  
Authorization to Submit Complaint Form

300 - 120 Western Parkway  
Bedford, Nova Scotia B4B 0V2  
Tel: 902-444-6726  
Toll-free (NS) 1-833-267-6726  
fax: 902-377-5188  
conduct@nscn.ca

NOTE: in order to save, open form with Adobe Acrobat

It is possible to make a complaint about the care provided to another person, such as a family member or loved one. The investigation of a complaint may require us to obtain health information about the person who received care, and this information may be disclosed during the professional conduct process.

Before we can accept your complaint about the care provided to another person, we need to know that you have the appropriate authority to make a complaint.

If you would like to make a complaint about the care provided to another person, you need to submit:

- a completed Complaint Form or a written document outlining the complaint;
- this completed form; and
- the required documentation that confirms you have the authority to make the complaint.

If you have any questions about this form or our process, contact us at [conduct@nscn.ca](mailto:conduct@nscn.ca).

**1. Provide Personal Information**

Full Name of Person Making Complaint:	
Full Name of Person Who Received Care:	
Date of Birth of Person Who Received Care:	
Relationship to Person Who Received Care:	

**Determine Documentation Required**

The documentation you must provide depends on the circumstances of the person who received care. Enclosing the appropriate documentation will allow us to process your complaint and share important details with you.

If you are unable to provide the appropriate authorization and supporting documents, we may consider initiating our own complaint. In that case, you would not be the complainant and may not be entitled to information regarding the complaint and its outcome.

**Complete the table below by identifying the circumstances of the person who received care and the documentation that is required of you:**

THE PERSON WHO RECEIVED CARE IS: (please check one only)	I AM ATTACHING TO THIS FORM: (use this checklist to ensure you have the required documents)
Adult who can consent	
<input type="checkbox"/> The person who received care is capable of submitting a complaint themselves but authorizes me to submit a complaint on their behalf.	<input type="checkbox"/> Written letter to NSCN by the person who received care stating that you can submit a complaint on their behalf and receive information about them, including health information, related to the complaint.
Adult who cannot consent	
<input type="checkbox"/> The person who received care is unable to submit a complaint on their own behalf because they lack capacity. <b>I have the legal authority to represent this person.</b>	<input type="checkbox"/> Relevant legal documents which may include: <ul style="list-style-type: none"> <li>• Personal directive</li> <li>• Guardianship order</li> <li>• Power of attorney</li> <li>• Other: _____</li> </ul>



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THE PERSON WHO RECEIVED CARE IS: (please check one only)	I AM ATTACHING TO THIS FORM: (use this checklist to ensure you have the required documents)
<input type="checkbox"/> The person who received care is unable to submit a complaint on their own behalf because they lack capacity. <b>I do not have the legal authority to represent this person, but the legal representative has authorized me to submit a complaint.</b>	<p><b>BOTH:</b></p> <input type="checkbox"/> Written documents from the legal representative stating that I can submit a complaint
<b>Child under the age of 18</b>	
<input type="checkbox"/> I am the child's parent and primary caregiver <input type="checkbox"/> I am the child's parent but am not authorized to represent the child <input type="checkbox"/> I am the child's legal guardian/representative	<p>Depending on the circumstances, permission may be required from all parents/guardians, and/or the child. The NSCN will contact you to discuss what additional information/authority may be required to make the complaint.</p>
<b>Deceased Person</b>	
<input type="checkbox"/> I am the executor/administrator of the estate of the person who received care.	<input type="checkbox"/> Copies of the relevant probate documents/will.
<input type="checkbox"/> I am not the executor/ administrator of the estate of the person who received care but the executor/ administrator has authorized me to submit a complaint.	<p><b>BOTH:</b></p> <input type="checkbox"/> Written documents from the executor/administrator stating that I can submit a complaint <input type="checkbox"/> Copy of their authority to represent the person who received care. This may include probate documents/ will.

**Submit Form**

Submit this form and the required documentation along with your complaint and email, mail or fax to Professional Conduct Services – NSCN.

**Email:** [conduct@nscn.ca](mailto:conduct@nscn.ca)

**Fax:** 902-377-5188

**Mail:** Nova Scotia College of Nursing  
Professional Conduct Services – Intake  
300 - 120 Western Parkway  
Bedford, NS B4B 0V2

We will contact you within seven business days to confirm that we have received this form. If you have any questions, reach out to us at [conduct@nscn.ca](mailto:conduct@nscn.ca).