

Public Complaint Form

Guide to submitting a complaint

If you're thinking about submitting a complaint about a nurse or midwife, we want to make sure you understand how our process works, what we can and cannot do, and what happens next. Please take a moment to read the information below before filling out the complaint form (pages 3–7).

Who we regulate

The BC College of Nurses and Midwives (BCCNM) is the regulatory body for five designations:

- Licensed practical nurses (LPNs)
- Nurse practitioners (NPs)
- Registered nurses (RNs)
- Registered psychiatric nurses (RPNs)
- Midwives

We help keep the public safe in part by looking into concerns about care that may be unsafe, unfair, or not done properly. [Learn more.](#)

What guides our work

BCCNM currently operates under the *Health Professions Act* (HPA). On April 1, 2026, we will transition to the *Health Professions and Occupations Act* (HPOA). Both laws set out our legal responsibility to regulate these professions in the public interest. [Learn more.](#)

When to submit a complaint

We look into complaints about a nurse or midwife's behaviour or skills. These might include:

- A nurse giving the wrong medication
- A midwife sharing private information to someone outside the clinical care relationship
- Care that is unsafe, lacks follow-up, or seems unethical

To be reviewed, the concern must be submitted in writing and relate to the practice of a current or former BCCNM registrant.

Before you submit

If you feel safe doing so, we encourage you to:

- Talk directly to the nurse or midwife involved
- Speak with a supervisor or manager at the health-care facility
- Contact the Patient Care Quality Office (PCQO) at the health authority or hospital

Many concerns are resolved at the point of care and you may want to explore whether this option is suitable in your case before initiating a complaint investigation.

What BCCNM can do

BCCNM's role is to protect the public. When we receive a complaint, we review the information to assess whether the actions or behaviour described may pose a risk of harm to clients, patients, families, or the wider public.

If concerns suggest that a registrant may have breached professional or ethical standards, we gather more information to understand what happened. We may:

- Review medical records or workplace documentation
- Interview relevant individuals, including the nurse/midwife and witnesses
- Request a written response from the nurse or midwife
- Ask the nurse or midwife to agree to regulatory action, which may include:
 - o Guidance or education
 - o Limits or conditions on practice
 - o Suspension or cancellation of registration when risk to the public is high

Not all complaints result in formal discipline. In many cases, we address concerns through education, monitoring, or other steps that reduce risk and promote safe, ethical care.

What BCCNM *cannot* do

Our purpose is to protect the public and support safe, competent, and ethical care through investigation, education, and, at times, disciplinary action, like a suspension. While we take all complaints seriously, we operate within specific legislation and regulation. We cannot:

- Offer financial compensation
- Discipline non-registrant employers or supervisors, or health-care facilities
- Intervene in specific medical or care decisions
- Require an apology from a nurse or midwife, although they can be requested
- Investigate without informing the nurse or midwife involved
- Accept anonymous complaints

If your concern is about a broader system issue, such as wait times, staff shortages, or how a facility is run, you may wish to contact the Patient Care Quality Office (PCQO) of the appropriate health authority. They are better positioned to address those types of concerns.

Confidentiality and privacy

Your complaint will be shared with the nurse or midwife named. Others, such as witnesses, may also be contacted. Most matters are resolved without a formal hearing, but if a hearing is needed, some information may become public, as required by law.

Indigenous care concerns

BCCNM is committed to ensuring Indigenous Peoples feel safe and respected when taking part in our complaints process. If you are participating in a complaints process, we invite you to let us know if you identify as Indigenous to Canada (First Nation, Inuit, Métis).

By asking you to self-identify as Indigenous, BCCNM staff will be better equipped to support your participation in the complaints process in a culturally safe, trauma-informed, and person-led and centred way.

You don't have to answer if you don't want to—it's completely your choice. We won't ask you to prove your Indigeneity.

If you choose to self-identify:

- BCCNM staff can better support you in a way that feels safe and respectful.
- It helps us understand the bigger issues facing Indigenous Peoples, so we can make changes through our work.

What happens next

After you submit your complaint:

1. You'll receive a confirmation email with a file number.
2. A member of our Intake Team will reach out to:
 - o Acknowledge your complaint
 - o Ask for any additional information if needed
 - o Explain what to expect moving forward

We know that sharing concerns can be difficult. Our goal is to ensure that your complaint is reviewed fairly, respectfully, and in the public interest.

Public Complaint Form

Instructions

Use this form to submit a complaint about the conduct or competence of a specific nurse or midwife (including RNs, RPNs, LPNs, NPs, or RMs) in British Columbia. All fields are required unless stated otherwise.

Before you begin:

Please review the information provided in the guidelines above. It explains BCCNM's role, what we can and cannot do, and what to expect after you submit your complaint.

Submit this form and supporting documentation by:

Email: complaints@bccnm.ca,

Fax: 604-899-0794, or

Mail: 900 – 200 Granville St., Vancouver, BC V6C 1S4

Part A – Complainant information

I am the: Patient
 Family member or friend ([Form 177 Authorization for Representation](#))
 Legal representative ([Form 177 Authorization for Representation](#))
 Registrant (self-report)

Last name: _____ First name: _____

Middle name: _____ Former name(s) if applicable: _____

Date of birth (mm/dd/yy): _____ **or** Personal health number: _____

Pronouns (optional): _____

Indigenous self-identification (optional)¹: ☐ I identify as Indigenous (First Nations, Inuit, Métis).

Email: _____ Phone: _____

Address (Apt/Box/#/Street): _____ City/town: _____

Province/State: _____ Country: _____ Postal code/zip code: _____

Preferred Contact Method: ☐ Email ☐ Phone ☐ Mail
☐ Other (please specify): _____

☐ I require an interpreter. Language: _____

¹ Racism against Indigenous Peoples remains a serious issue in British Columbia's health-care system. To help identify and address inequities and improve the safety and quality of care Indigenous Peoples receive, BCCNM invites individuals to voluntarily self-identify as First Nations, Inuit, or Métis. This information supports our efforts to provide a culturally safe and person-centred complaints process.

Part B – Patient/client information (if different from complainant)

Last name: _____ First name: _____

Middle name: _____ Former name(s) if applicable: _____

Date of birth (mm/dd/yy): _____ **or** Personal health number: _____

Relationship to complainant: _____ Pronouns (optional): _____

Indigenous self-identification (optional):

☐ The patient identifies as Indigenous (First Nations, Inuit, Métis). I understand that this information will be used to ensure culturally safe support is available.

Is the person aware of this complaint being provided to BCCNM? Yes No

Part C – Registrant information (nurse or midwife being complained about)

If complaint involves more than one registrant, please fill out information below for each registrant.

Registrant name: _____ **or** ☐ Unkown

BCCNM ID: _____ **or** ☐ Unkown

Workplace or location: _____ **or** ☐ Unkown

Registrant type: LPN NP RN RPN Midwife Unkown

Other identifiers if name/ID are unkown (e.g., facility/unit, date/time, physical description):

Registrant name: _____ **or** ☐ Unkown

BCCNM ID: _____ **or** ☐ Unkown

Workplace or location: _____ **or** ☐ Unkown

Registrant type: LPN NP RN RPN Midwife Unkown

Other identifiers if name/ID are unkown (e.g., facility/unit, date/time, physical description):

Part C – Registrant information (cont'd)

Registrant name: _____ **or** ☐ Unkown

BCCNM ID: _____ **or** ☐ Unkown

Workplace or location: _____ **or** ☐ Unkown

Registrant type: LPN NP RN RPN Midwife Unkown

Other identifiers if name/ID are unkown (e.g., facility/unit, date/time, physical description):

Part D – Witnesses (if applicable)

Name of witness: _____ Phone no. (*if known*): _____

Email (*if known*): _____ Relationship to incident or registrant: _____

Name of witness: _____ Phone no. (*if known*): _____

Email (*if known*): _____ Relationship to incident or registrant: _____

Name of witness: _____ Phone no. (*if known*): _____

Email (*if known*): _____ Relationship to incident or registrant: _____

Part E – Details of your concern

We understand that making a report can feel unsafe. We acknowledge the effort required to ask questions and voice concerns.

Please list anyone you have raised this issue with, such as the nurse or midwife, or their employer, the Patient Care Quality Office, or other agencies such as the ombudsperson.

Part E – Details of your concern (cont'd)

Please describe what happened in your own words. Prompts:

- What happened?
- When and where did it happen?
- Who was involved?
- Are there any witnesses (this might include other healthcare professionals, patients, family or friends)?
- What documentation or evidence do you have?
- What harm occurred as a result?
- What resolution are you seeking?

If you need more space, please attach additional pages.

☐ I am attaching additional pages (*submit with this form*).

Part F – Supporting documentation

I am attaching (*submit with this form*):

- ☐ Emails/messages ☐ Medical records
☐ Photos ☐ Other (*specify*): _____

Part G – Consent and undertaking

By signing and submitting this form I agree to the following:

- I understand this complaint will be shared with the registrant.
- I consent to BCCNM contacting third parties for more information.
- I understand that relevant records may be reviewed or disclosed during investigation.
- I agree to receive updates from BCCNM regarding this complaint.
- I confirm I have the authority to file this complaint (if submitting for another person) and have completed the required [Form 177 Authorization for Representation](#).
- I consent to BCCNM using this information for regulatory purposes.

Signature of complainant: _____ Date (*mm/dd/yy*): _____

Submit this form and supporting documentation by:

Email: complaints@bccnm.ca,

Fax: 604-899-0794, or

Mail: 900 – 200 Granville St., Vancouver, BC V6C 1S4

Thank you for taking the time to complete this form.