## UNAUM Professional Responsibility Concern Form



United Nurses of Alberta	(F	(KCP)
Electronic submis	ssion of this form is available on the UNA app (available for iOS and Android) and online at dms.una.ab.ca/f	orms/prc
Purpose	Employer: AHS Covenant Other (Specify)	Local #:
Nurses are required by the standards of their professional	Worksite:	if known
licensing bodies to advocate for practice environments that have the organizational and human sup-	Manager:	
port systems, and the resources necessary for safe, competent, and	Manager/Manager on call contacted? No Yes Date yyyy/mm/dd Time	
ethical nursing care.	Name of Manager on call contacted:	
Instructions	When did the incident or issue occur? Date yyyy/mm/dd Time Shift	
<ol> <li>Complete this form as soon as possible after observing conditions in which you believe the safety of patients/clients/</li> </ol>		
	Is staffing a factor for this issue? No Yes If yes complete the following, as applicab	le:
residents may be at risk, or in situations where you believe	RN RPN LPN HCA Number of patie	nts on unit:
administrative action needs to be taken to prevent risks to patients/residents/clients.	Receive staffing Number of over	er-capacity nts on unit:
<ol> <li>You do not have to obtain permission from a manager</li> </ol>	Number of staff working	
to complete this Professional Responsibility Concern Form. However, you should inform a management representa- tive of the conditions you are documenting in this form.	Detailed Description of Incident/Issue (Do not use names of patients, residents, clients, staff, doctors, or others):	
<ol> <li>This form and the information contained in it is the property of the United Nurses of Alberta. The concerns documented in this form will be presented to the Professional Responsibility Committee or alternate in your worksite for resolution as provided in the Collective Agreement between UNA and the Employer.</li> </ol>		
<ol> <li>Deliver or send the white copy of the PRC Report Form to the Local/Local office of the United Nurses of Alberta in your worksite.</li> </ol>		
Keep the pink copy for your personal records.		
Deliver or send the yellow copy to the Unit/Program Manager.	If more space is needed, please attach a sheet of paper.	
<ol> <li>Stay in contact with your local executive as to the status of your PRC.</li> </ol>	RLS (or other incident report) completed? No Yes RLS/Incident Report #:	
	(This form does not replace the Employer's incident reporting form/system. RLS is a <u>voluntary</u> reporting system. You are under no obligation to indicate whether you filled out a RLS report on this form).	
United Nurse of Alberta Provincial Office 700-11150 Jasper Avenue NW Edmonton AB T5K 0C7 (780) 425-1025/1-800-252-9394 (780) 426-2093 (fax)	Recommendations (What is needed to prevent this incident or issue from occurring again?):	
www.una.ab.ca nurses@una.ab.ca		
TO BE COMPLETED BY LOCAL:	Name (Printed)	
BY LOCAL: Local File #:	Designation: RN RPN LPN Other (Specify)	
Date Received:	Signature Date Report Filed	yyyy/mm/dd

Phone

Personal E-Mail