



## Covenant Health Professional Responsibility Concern Form



Electronic submission of this form is available on the UNA app (available for iOS and Android) and online at dms.una.ab.ca/forms/prc			
Purpose	Employer: AHS Covenant Other (	Specify)	Local #:
Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organizational and human sup- port systems, and the resources necessary for safe, competent, and ethical nursing care.	Worksite:	Unit/Office:	if known
	Manager:		
	Manager/Manager on call contacted?	Yes Date yyyy/mm/dd Time	
	Name of Manager on call contacted:		
<b>Instructions</b> 1. Complete this form as soon as possible after observing conditions in which you believe the safety of patients/clients/ residents may be at risk, or in situations where you believe administrative action needs to be taken to prevent risks to patients/residents/clients.	When did the incident or issue occur? Date yyyy/mm/dd Time Shift		
	Is staffing a factor for this issue? No Yes If yes complete the following, as applicable:		
	RN RPN LP	N HCA Number of o	
	Baseline staffing		ents on unit:
<ol> <li>You do not have to obtain permission from a manager to complete this Professional Responsibility Concern Form. However, you should inform a management representa-</li> </ol>	Number of staff working		igned to you
	Detailed Description of Incident/Issue (Do not use names of patients, residents, clients, staff, doctors, or others):		
tive of the conditions you are documenting in this form.			
3. 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.			
<ol> <li>Deliver or send the white copy of the PRC Report Form to the Local/Local office of the</li> </ol>			
United Nurses of Alberta in your worksite.			
Keep the pink copy for your personal records.		If more snace is needed r	lease attach a sheet of naner
Deliver or send the yellow copy to the Unit/Program Manager.	If more space is needed, please attach a sheet of paper.		
5. Stay in contact with your local executive as to the status of	if leave		
your PRC.	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	Recommendations (What is needed to prevent the	s incident or issue from occurring again?): _	
Edmonton AB T5K 0C7 (780) 425-1025/1-800-252-9394			
(780) 426-2093 (fax) <sup>www.una.ab.ca</sup>			
nurses@una.ab.ca			
TO BE COMPLETED BY LOCAL:	Name (Drinted)		
Local File #:	Designation: RN RPN LPN Other (Specify)		
Date Received:	Signature	Date Report Filed	yyyy/mm/dd
yyyy/mm/dd	Personal E-Mail	Phone	