

**Prince Edward Island College
of Nursing and Midwifery**

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MEMBER'S RESPONSE TO COMPLAINT

COMPLAINT NUMBER: _____

NAME OF REGISTRANT: _____

REGISTRATION NUMBER: _____

I hereby certify that the statements on this form are true.

Date: _____

Signature: _____

I admit the following allegations:

I deny the following allegations:

My version of the facts is as follows:

Other information I wish to add:

If you are unable to fit your response in the boxes provided above you may also email a word document to info@crnmpei.ca