

# Learner Mistreatment Complaint Form

## Faculty of Medicine

Learner's Name: \_\_\_\_\_

Learner Category (UGME or PGME): \_\_\_\_\_

Preferred Method of Communication (indicate one):  email \_\_\_\_\_

phone \_\_\_\_\_

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Name of Individual who I believed mistreated me: \_\_\_\_\_

Date(s) and time(s) of the incident(s): \_\_\_\_\_

Location of the incident(s): \_\_\_\_\_

Name(s) of witnesses/bystanders (if any): \_\_\_\_\_

In the space provided below, write a description of the events that have led you to file this complaint. You may attach additional details on a separate sheet if you wish.

Please select one of the following options indicating how you would like to proceed:

- I would like to resolve the matter described above through an **informal resolution** as outlined in the Faculty of Medicine's Procedure for Addressing Incidents of Mistreatment. I understand that the respondent may decline the request for an informal resolution.
  
- I would like to resolve the matter described above through a **formal investigation** as outlined in the Faculty of Medicine's Procedure for Addressing Incidents of Mistreatment.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Please submit completed form to the Coordinator, Learner Well-Being and Success to [LWSCoordinator@mun.ca](mailto:LWSCoordinator@mun.ca)

The information on this form is collected as the Faculty of Medicine's Procedure for Addressing Incidents of Mistreatment and is a required part of the informal and formal resolution process outlined in the procedures. The collection of information is authorized under the Access to Information and Protection of Privacy Act, 2015 and is maintained by the Office of Learner Well-Being and Success in the Faculty of Medicine to monitor and enhance the learning environment and for no other purpose. If you have questions about the collection and use of this information, please contact the Coordinator, Learner Well-Being and Success at [LWSCoordinator@mun.ca](mailto:LWSCoordinator@mun.ca)