



COMPLAINANT WORKSHEET
PART I: OVERVIEW

What is the Complainant Worksheet?

A **fillable form** in three parts that can be downloaded to help gather and organize information and documents needed to consult legal counsel and to file grievances, human rights complaints or civil suits.

Who should complete the worksheet?

Conscientious practitioners (including applicants and students) who suffer significant difficulty or disadvantage because they are unwilling to act contrary to their conscientious convictions/religious beliefs by providing or facilitating procedures or services.

What is included in the worksheet?

- **Part I: Overview**
 - Confidentiality, nature of the complaint, practitioner details, parties involved, executive summary.
- **Part II: Details**
 - Confidentiality, nature of the complaint, details of the complaint
- **Part III: Document Checklist**
 - Checklist of documents supporting the complaint

If needed, fillable forms for [Additional Parties Involved](#) can be downloaded from the Project website.

Confidentiality/Privacy

The worksheet is intended for your personal use. Should you decide to share it with the Protection of Conscience Project or others, the first section of the worksheet allows you to give directions to maintain confidentiality and privacy.

PART I: OVERVIEW

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CONFIDENTIALITY

DO NOT include information in the worksheet that could identify a patient, family member, substitute medical decision maker or other person protected by rules governing patient confidentiality. If reference to someone protected by patient confidentiality is necessary, use consistent neutral identifiers (e.g., Patient A).

If you share this worksheet with a third party other than legal counsel, you should provide direction to appropriately safeguard the privacy of parties involved.

DIRECTION re: DISCLOSURE

Direction to

The information in this worksheet

must not be disseminated further without my permission

subject to the restrictions below, may be disclosed to

Name(s):

Restrictions:



NATURE OF COMPLAINT

Check all that apply to this complaint.

I experienced biased or coercive questioning, interviews, scenarios or tests during an application process

I have been refused employment or entry to an educational programme, apparently because of their conscientious convictions/religious beliefs

I have experienced discriminatory or coercive educational or employment practices related to their conscientious convictions/religious beliefs

I have been forced to provide, participate in, facilitate or support services or procedures contrary to their conscientious convictions/religious beliefs

I have suffered adverse educational, employment, professional or legal consequences because of refusal to provide, participate in, facilitate or support services or procedures contrary to their conscientious convictions/religious beliefs

Other (explain)



PRACTITIONER DETAILS

Your contact information

Your name:

Your address:

- Apt.
- Street
- City
- Prov/State
- Country
- Postal Code

Tel. 1
Email

Tel. 2
Email 2

Fax

Your language

Primary language

(Read, write and converse fluently)

Other language:

Read

Write

Converse

Other language:

Read

Write

Converse

Your citizenship/immigration status

Citizen of

Are you a citizen of the country in which the incident(s) subject of this worksheet occurred?

Yes

No

If no, please explain your immigration status.

Your field:

Medicine

- Physician
- Physician Assistant

Midwifery

Nursing

- Nurse Practitioner
- Registered Nurse
- Licensed Practical Nurse

Pharmacy

- Pharmacist
- Pharmacist Technician

Other



Your specialty: (check all that apply)

- | | | |
|--------------------------|-------------------|-------------------|
| Anaesthesiology | Intensive care | Palliative Care |
| Critical Care | Internal Medicine | Psychiatry |
| Emergency medicine | Neurology | Psychology |
| Hospitalist | OB/GYN | Surgery (Plastic) |
| Family/Gen. Practitioner | Oncology | Surgery (Other) |
| Geriatrics | Paediatrics | |

Other

Your position: (check all that apply)

- Applicant for
 educational programme
 employment
 other (specify)
- Student in year _____ of a _____ year programme (eg., year 1 of a 3 year programme).
- Resident/Intern in year _____ of a _____ year programme.
- Fellow in year _____ of a _____ year programme.
- Licensed/Certified, _____ years in practice.

Activity subject of this worksheet: (Check all that apply)

- | | | |
|----------------------------------|------------------------------------|------------------------|
| Abortion | Failing to obtain informed consent | Interrogation |
| Amputation (elective) | Falsification of research | Inter-species breeding |
| Artificial reproduction | Falsification of documents | Judicial execution |
| Assisted suicide | Falsification (other) | Prescribing drug |
| Causing death | Female genital mutilation | Selective reduction |
| C-section (elective) | Force feeding | Sex change surgery |
| Contraceptive service | Human experimentation | Sterilization |
| Dispensing drug | Hymen restoration | Surgery (plastic) |
| Embryonic/foetal experimentation | Induction of labour | Surgery (other) |
| Eugenic screening | Infant male circumcision | Torture |
| Euthanasia | | |

Other

Nature of relevant convictions/beliefs (check all that apply)

- Religious
- Moral
- Ethical



Protection of Conscience Project
www.consciencelaws.org

Philosophical
Other (Specify)



PARTIES INVOLVED

Name			
Corporate/Institutional or Surname			
Given 1		Given 2	Position
Address			
Apt/Room No.	Building/Faculty/Dept.	Street	
City	Province/state	Country	Postal Code
Work Tel	Work Fax	Home Tel	Mobile
Email 1	Email 2		
Role (e.g., employer, supervisor, party to conversation, overheard statements, has documents or other relevant information)			
With respect to providing information, this party is likely to be:			
Cooperative	Uncooperative	Sympathetic	Hostile

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EXECUTIVE SUMMARY

1. What happened?

Explain what happened, why you believe that you have been treated unfairly, and what personal, professional, educational or other difficulty or disadvantage you have experienced as a result.

2. Who is responsible?

Whom do you believe to be responsible the unfair treatment or difficulties or disadvantages you have experienced? (Identify persons and institutions/organizations: provide their particulars in *Parties Involved*).