Nevada State Board of NURSING

Complaint Report

NRS 632.310 requires that complaint reports be in writing, signed by the person making the report, and provide sufficient information and documentation to make a "prima facie" (face value) complaint. Documentation may include medical records, personnel records, signed witness statements, or other information gathered during an internal investigation of the situation.

Nurse/Nursing Assistant Against Whom Complaint Is Made:									
Name:									
Address:	. . .								
License/Certificate Number(s):									
CRNA		APN		RN		LPN		CNA	
Incident									
Date of Incident									
Time of Incident									
Location of Incident									

Specifics of the Complaint: Please provide a sequential history of relevant facts. Include dates, patient identification, nurse/nursing assistant behaviors, and documentation supporting your allegation (for example, copies of patient records, Medication Administration Records (MARs), statements of other persons involved, description of confessions, relevant policy and procedures)

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Name & Address of Witnesses:
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The nurse/nursing assistant named in the allegation has a right to a copy of the complaint and evidence supporting the allegation once an administrative complaint has been filed by NSBN (NRS 632.350). When the Board has rendered a formal decision, all documents presented before the Board become public record.

Complaint Submitted by:	
Date:	
Your Name:	
Your Title:	
Your Signature:	
Facility/Agency:	
Address:	. .. . .
Telephone:	
Fax:	
Email:	

If you wish to use this form, please complete and submit it with any documents to:

Nevada State Board of Nursing
Investigations and Discipline
5011 Meadowood Mall Way #300
Reno, NV 89502-6547