Filing a Complaint Against a Nurse or Nursing Assistant Coworker

The Board of Nursing is the state regulatory agency that issues your license/certificate, regulates your practice, conducts investigations and may impose discipline against a licensee or certificate holder. These regulatory functions are the process by which the Board fulfills its mission to protect the public’s health, safety and welfare through effective regulation of nursing.

A Nurse’s Responsibility to Report to the Board

If you know of a violation of the Nevada Nurse Practice Act by a coworker you must evaluate your responsibility to report to the Board. Know that if you submit a complaint to the Board, the nurse or nursing assistant is always given due process. A thorough investigation will take place before a determination is made to close the complaint, or to impose any disciplinary action. You may want to review the Nevada State Board of Nursing News, December 2007 article that specifically addresses this issue and is available on the Board’s web site. Review NRS 632.472, the state law that addresses mandatory reporting. When you are in doubt about what to report, always contact the Board for clarification.

The following are examples of violations that should always be reported to the Board, but know that this list is not all inclusive and each incident must be evaluated carefully for compliance with mandatory reporting statute: Positive drug screens; Impaired practice; Drug diversion or narcotic documentation discrepancies; Any violation that results in client death; Any violation that results in patient harm that requires additional hospitalization or medical intervention that otherwise would not have been necessary; Patient abandonment.

How to File a Complaint

A Coworker Complaint Report form is available on the Board’s web site, or you may simply write a letter to the Board with the following information:

- The full name of the nurse or nursing assistant, including license type (APN, CRNA, RN, LPN, CNA) and number if you know it.
- The date(s) the event or incident occurred, including the approximate time of day or shift, and where it took place (facility and/or specific location).
- What specifically happened? Was anyone else present or aware and their names; Was a client involved and the name of the client.
- Provide any documentation you are legally able to obtain that supports the complaint, for example a witness statement from others or medical records.
- Your full name, address and phone number(s)
- Mail your complaint to:
  Nevada State Board of Nursing
  5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547
  Fax to 775-687-7707, and/or Email to nursingboard@nsbn.state.nv.us
Coworker Complaint Report

Nurse/Nursing Assistant Against Whom Complaint Is Made:

Name: ____________________________________________________________

License Type: CRNA ___ APN ___ RN ___ LPN ___ CNA ___

License or Certificate Number: ______________________________________

Date(s) of Event or Incident: _______________________________________

Approximate time or shift: _________________________________________

Location of Event or Incident: ______________________________________

What specifically happened: ________________________________________

_________________________________________________________________

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_________________________________________________________________
Who else was present or aware (names): ____________________________________________

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_____________________________________________________________________________

Was a client involved (names): ____________________________________________________

_____________________________________________________________________________

Your Contact Information:

Staff will need to contact you for additional information and/or clarification

Your full name: ________________________________________________________________

Address: _____________________________________________________________________

Telephone: ___________________________________________________________________

E-mail: _____________________________________________________________________

_____________________________________________________________________________

Your Signature                       Date

Please submit this form, you may include additional pages as needed, along with any documentation to:

Nevada State Board of Nursing
5011 Meadowood Mall Way, Ste 300
Reno, Nevada 89502-6547

Fax to: (775) 687-7707

OR

E-mail to: nursingboard@nsbn.state.nv.us

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6567 (phone) 775-687-7700 (fax) 775-687-7707
2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102-4392 (phone) 702-486-5800 (fax) 702-486-5803
www.nursingboard.state.nv.us • 888-590-6726 • nursingboard@nsbn.state.nv.us