Nevada State Board of NURSING

Complaint Report

Per NRS 632.310 we request 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. Complaints may be filed anonymously.

Nurse/Nursing Assistant Against Whom Complaint Is Made:

Name:	
Address:	. . .
License/Certificate Number(s):	

CRNA		APRN		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