

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:

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- .

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