



**DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
BOARD OF NURSING HOME ADMINISTRATORS**

Licensed Administrator - COMPLAINT FORM

In order to process your complaint, please complete this questionnaire to the best of your knowledge.

(Please type or print clearly)

Person Registering Complaint

Name: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Email: _____

Telephone Number(s): _____

Administrator and Facility Information

Administrator: _____

Name of Facility: _____

Facility Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Resident that was abused or neglected by Administrator

Resident: _____

Your Relationship to Resident:

QUESTIONS

Have you contacted the administrator/applicant regarding the problem?

Yes If yes, please explain what happened. No

Have you contacted any other agency regarding your complaint?

Yes If yes, please indicate which agency and its address. No

