

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? If yes, please explain what happened. ☐ No Yes Have you contacted any other agency regarding your complaint? Yes 🔲 If yes, please indicate which agency and its address. ☐ No

Board of Nursing Home Administrators Public Complaint Form

Page 2	<u> </u>
--------	----------

DESCRIPTION OF COMPLAINT	
Describe your complaint in detail. Enclose any documer provide as much information as possible. Attach addition	
Are you willing to testify in a court of law to the facts th Yes	at you have stated in this complaint?
By submitting this complaint, I am hereby attesting to the are true and correct to the best of my knowledge and be	
(Signature)	(Date)
Please send this form and any other documentation to:	

Missouri Board of Nursing Home Administrators P.O. Box 570, 920 Wildwood Dr. Jefferson City, MO 65102-0570

Or email to BNHA@health.mo.gov

Should you have any questions, you may contact the office at 573-751-3511 or via email at BNHA@health.mo.gov.