



Arkansas State Board of Nursing

1123 S. University Ave., Suite 800

Little Rock, AR 72204

COMPLAINT REPORT

If there is insufficient information to conduct the investigation the complainant will be contacted for additional information provided the complainant contact information is completed. If there is insufficient information to identify the correct nurse a complaint cannot be opened.

*** required information**

TYPE OR PRINT LEGIBLY IN INK

INFORMATION ABOUT THE NURSE BEING REPORTED

*Nurse's Last Name		* Nurse's First Name		Nurse's Middle Name/Initial	
Street Address		City		State	Zip Code
License Number		Date of Birth			
*Name of employer	Employer Street Address	*City	*State	Zip Code	

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

Complainant's Name		Complainant's Phone Number ()		Complainant's E-mail address	
Complainant's Street Address		City		State	Zip Code
What is your relationship to the licensee? <input type="checkbox"/> Spouse <input type="checkbox"/> Patient <input type="checkbox"/> Co-worker <input type="checkbox"/> Employer <input type="checkbox"/> Other _____					

WITNESS INFORMATION

(1) Witness' Name		Witness' Phone Number ()		Witness' E-mail address	
Witness' Street Address		City		State	Zip Code
(2) Witness' Name		Witness' Phone Number ()		Witness' E-mail address	
Witness' Street Address		City		State	Zip Code
(3) Witness' Name		Witness' Phone Number ()		Witness' E-mail address	
Witness' Street Address		City		State	Zip Code

Patient Name(s)

DESCRIPTION OF COMPLAINT

* Describe in detail what the nurse has done or failed to do that may violate the *Nurse Practice Act*. Include who, what, when, and where. Patient names may be given in a complaint to a Licensing Board without violating the patient's confidentiality or HIPAA Rules. If reporting a conviction, give the name of court, e.g., Municipal Court of __, Circuit Court of __, Federal Court of __. **Print Legibly**
