



State of New Hampshire
 OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
 DIVISION OF HEALTH PROFESSIONS

Board of Nursing

121 South Fruit Street, Suite 102 Concord, N.H. 03301-2412
 Telephone 603-271-2323 · Fax 603-271-6605



Board of Nursing Complaint Form

Pursuant to Nur 206.02, please provide the following information:

1. Person/Agency registering complaint:

- a. Date: _____
- b. Name: _____ Telephone: _____
- c. Address: _____ Email: _____
Street City State/Zip

2. Complaint registered against:

- a. License # _____ RN _____ LPN _____ APRN _____ GN _____ GPN _____ LNA _____
- b. Name: _____ Telephone: _____
- c. Address: _____ DOB: (if known): _____

3. Location of alleged violation: _____

Street City State/Zip Date Time

4. Witnesses/Observers: *If known, provide names and home addresses/phone numbers*

Name: _____ Title: _____ Address: _____ Telephone: _____

5. Summary of alleged violation: *Attach copy of any investigation completed.*

Summary of alleged violation continued:

6. Violation of NH Nurse Practice Act

RSA 326-B:37, II at <http://www.gencourt.state.nh.us/rsa/html/xxx/326-b/326-b-mrg.htm>

Nursing Administrative Rule Nur 402.04 at

http://www.gencourt.state.nh.us/rules/state_agencies/nur100-800.html

7. Additional comments: *Use additional paper if necessary.*

8. Please check other agencies reported to (as appropriate):

_____ BEAS (Bureau Elderly & Adult Services) _____ Ombudsman _____ Law Enforcement

Date reported to other agency: _____

9. I have read the preceding and affirm it is true to the best of my knowledge.

Signature of complainant: _____ Date: _____