



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

Board of Nursing

7 Eagle Square Concord, N.H. 03301
Telephone 603-271-2323 · Fax 603-271-2856



Educational Reporting Form

To be used when making a formal complaint regarding a board education program or board approved faculty

1. Person/Agency Registering Complaint:

- a. Name & Title: _____
- b. Date: _____ Telephone Number: _____
- c. Agency: _____
- d. Address: _____
(Street) (City) (State) (Zip)

2. Complaint Registered Against:

- a. Name of Educational Program: _____
- b. Address: _____
(Street) (City) (State) (Zip)
- c. Name of Faculty (if applicable): _____ Phone: _____

3. Location of incident leading to formal complaint:

(Location) (Date) (Time)

4. Witnesses/Observers:

- a. _____
(Name) (Job Title) (Home Address) (Home Phone)
- b. _____
(Name) (Job Title) (Home Address) (Home Phone)
- c. _____
(Name) (Job Title) (Home Address) (Home Phone)
- d. _____
(Name) (Job Title) (Home Address) (Home Phone)

5. Violation of:

