

State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION

Board of Nursing 7 Eagle Square, Concord, NH 03301 Phone: 603-271-2152

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 P	rogram:				
	b.	Address:(Street)		(City)	(State)	(Zip)	
	c.	Name of Faculty (if app	olicable):	•		•	
3.	Location of incident leading to formal complaint:						
		(Location)			(Date)	(Time)	
4.	Witnesses/Observers:						
	a.	(Nama)		(U Address)		(H Dl)	
	b.	(Name)	(Job Title)	(Home Address)		(Home Phone)	
	υ.	(Name)	(Job Title)	(Home Address)		(Home Phone)	
	c.	(Name)	(Job Title)	(Home Address)		(Home Phone)	
	d.	<u> </u>	(1.1.7)			(II)	
		(Name)	(Job Title)	(Home Address)		(Home Phone)	

5.	Violation of:					
	Statute 326-B:32 and					
	Administrative Rule NUR 501.03 General Ethical Standards					
	Administrative Rule NUR 600 Program Approval					
	Administrative Rule NUR 700 Nursing Assistants					
	Administrative Rule NUR 800 MNA Certification and Program Curriculum					
6.	Summary of Complaint: Include reference to the section of the statute and/or rule that you believe has been violated:					
7.	Signature of Complainant:Date:					