

State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF ENFORCEMENT
7 Eagle Square, Suite 200
Concord, N.H. 03301-2412
Telephone 603-271-2152 · Fax 603-271-6202



COMPLAINT FORM

Name of Profession: _____

Name of Licensee: _____ License # if known: _____

Address where incident took place: _____
Address, City, State, Zip Code

Name of business, if known: _____

Name of Complainant: _____

Mailing Address: _____
Street, City, State, Zip Code

Phone Number: _____ E-Mail Address: _____

COMPLAINT DETAILS

Date(s) of Incident: _____

Witnesses/Observers: *Complete all known information*

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

Have you attempted to resolve your complaint with the licensee? Yes: _____ No: _____

Have you consulted an attorney in this matter? Yes: _____ No: _____

Name(s) and Address(s) of attorneys: _____

Has this complaint been reported to any other agencies? Yes: _____ No: _____

If yes, who was the complaint reported to? _____

Clearly explain your complaint. List all facts and details in the order in which they occurred, including names, dates, places, and times. In addition, include the specific statute(s) and/or rule(s) governing the practice area complained of that you feel have been violated. Statutes and rules may be found here: <https://www.oplc.nh.gov/>. Attach copies of any documents to your email submission which support your complaint.

Signature: _____

Dated 2/17/21

For the following professions please be sure to include in your explanation if known those items listed below:

Nursing Complaint:

- Please note the specific provision(s) of RSA 326-B: 37, II or Nur 402.02 on which the complaint is based.

Pharmacy/Pharmacist Complaint:

- Prescription number(s) of prescription(s) involved in this complaint;
- Patients Name if different from complainant;
- Relationship to the complainant;
- Was the a new or refill prescription order;
- Was the “offer to counsel” given and was it given or was it refused;
- From the prescription bottle and record the initial of the dispensing pharmacist, which are printed on the label; and
- Have you spoken with anyone at the corporate level, if yes who.

Professional Engineers, Architects, Land Surveyors, Natural Scientists, Foresters, Professional Geologists, Landscape Architects, Court Reporters, Home Inspectors, Manufactured Housing Installers, Real Estate Appraisers, Electricians and Certified Public Accountants:

- Whether or not the job was inspected by local authorities;
- The date(s) and the inspector(s) who performed inspections;
- Was the licensee informed about the filing of this complaint;
- Was any civil action taken and what was the outcome; and
- Was any other licensed professional consulted about the problem.

Real Estate:

- Name and address of the seller;
- Name and address of the purchaser;
- Location of the Property; and
- Was any agreements made orally or in writing (if in writing include a copy).

All Medical complaints must complete the “Medical Release Form”