

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

DIVISION OF HEALTH PROFESSIONS

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www.state.nh.us/nursing



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 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:

RSA 326-B:37 II: *See Nurse Practice Act – <http://www.nh.gov/nursing/nurse-practice-act/index.htm>*

Nur 302.04: *See Administrative Rules - <http://www.nh.gov/nursing/nurse-practice-act/index.htm>*

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: _____