



**STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING**

121 South Fruit Str.  
CONCORD NH 03301-2431

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

**Nursing** 603-271-2323

**Nurse Asst.** 603-271-6282

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**EDUCATIONAL REPORTING FORM**

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

**I. Person/Agency Registering Complaint:**

**Date:** \_\_\_\_\_

Name & Title: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**II. Complaint Registered Against:**

Name of Educational Program: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of Faculty (if applicable): \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

**III. Location of Incident Leading to Formal Complaint:**

\_\_\_\_\_  
(Location) (Date) (Time)

**IV. Witnesses/Observers:**

<u>Name:</u>	<u>Job Title:</u>	<u>Home Address:</u>	<u>Home Telephone No:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

