

WYOMING BOARD OF NURSING HOME ADMINISTRATORS

6101 Yellowstone Road, Suite 501
Cheyenne, WY 82002
Phone (307) 777-7815 Fax (307) 777-3314
vspire@state.wy.us

COMPLAINT FORM
(must be typed or printed)

Name of Person Registering this Complaint _____

Complainant's Address _____

Phone Number at which Complainant Prefers to be reached by the Board _____

Complainant's Employer _____

Complainant's Employment Address _____

Name of Person Being Reported (License Holder) _____

License Holder's Employer _____

License Holder's Employment Address _____

License Holder's Employment Phone Number _____

License Holder's Position/Title _____

Brief statement regarding conduct complainant is alleging was improper (a more specific statement is requested on the back) _____

Date of Alleged Incident _____ Time of Alleged Incident _____

Location of Alleged Incident _____

Specifics of Complaint: Please provide sequential history of facts supporting your complaint which should include all relevant documents. Relevant documentation may include statements of witnesses and/or persons involved in the underlying matter including names, addresses and phone numbers; confessions/admissions; policies and procedures; employee handbooks; staffing schedules; patient assignments; incident reports; termination notices; and patient charts/notes when appropriate. **NOTE; DISCLOSURE OF PATIENT INFORMATION WITH EXPRESS, WRITTEN PATIENT CONSENT MAY BE PROHIBITED BY LAW.**

IMPORTANT – PLEASE NOTE: Anonymous complaints will not be accepted or investigated, and the licensee against whom the complaint is filed shall be notified. As part of due process, the licensee may also be provided a copy of the complaint as well. All complaints must be signed and notarized.

Signature of Person Registering Complaint

Date

_____, being first duly sworn, states that he/she had read the foregoing Sworn Statement of Complaint and knows the content thereof, and that the same is true and correct to the best of his/her knowledge, information and belief.

Subscribed and sworn to before me this _____ day of _____, 2_____.

Signature of Notary Public

Commission Expires