

Janice K. Brewer
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

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COMPLAINT FORM - EDUCATION

The Arizona State Board of Nursing regulates Nursing Education Programs and Nursing Assistant Training Programs pursuant to ARS § 32-1606(B). A complaint must relate to a violation of the [Nurse Practice Act](#) and Rules of the Board. Please refer to the Rules of the Board - Article 2 for RN/LPN/Refresher Programs; Article 5 for Advance Practice; and Article 8 for Nursing Assistant Training. To facilitate the processing of this complaint please complete all fields and provide as much information as possible.

COMPLAINANT INFORMATION				
Person Filing Complaint: <input type="checkbox"/> Student <input type="checkbox"/> Family Member/Friend <input type="checkbox"/> Applicant <input type="checkbox"/> Faculty <input type="checkbox"/> Program Administrator				
Name		<input type="checkbox"/> Wish to remain anonymous. Reason for request: _____		
Address		City	State	Zip-code
Daytime Telephone Number	Alternate Telephone Number	Email Address		
Person on whose behalf complaint is made if different from above.				
Name				
Address		City	State	Zip-code
Daytime Telephone Number	Alternate Telephone Number	Email Address		
PROGRAM INFORMATION				
Name of Nursing Education or Nursing Assistant Training Program				
Name of Program Administrator or Contact Person				
Program Telephone Number	Program Website	Email Address		
Program Address	City	State	Zip-code	

Was complaint reported to a program representative? Yes No N/A

If so, to whom? _____

Date complaint initially reported: _____

COMPLAINT DESCRIPTION		
NATURE OF COMPLAINT	<input type="checkbox"/> Failure to Follow Policies <input type="checkbox"/> Unqualified Faculty <input type="checkbox"/> Lack of Sufficient Faculty <input type="checkbox"/> Inadequate Facilities/Supplies	<input type="checkbox"/> Curriculum/Instruction <input type="checkbox"/> Clinical Experience <input type="checkbox"/> Faculty Supervision <input type="checkbox"/> Other _____
<input type="checkbox"/> Not Board Approved Program <input type="checkbox"/> Program Advertisement Misleading/Incorrect		
Date of event that formed the basis for complaint. (if applicable) ___/___/___		
Briefly describe your complaint in the space provided below. (Use an additional sheet if necessary.)		
Names of witnesses or persons that have additional knowledge regarding complaint.	Witness	Telephone Number
VERIFICATION		
I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Arizona State Board of Nursing; that I have read and understand that failure to disclose requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.		

Signature of complainant

Date

Completed form should be returned to:

Arizona State Board of Nursing
 4747 North 7th Street, Suite 200
 Phoenix, Arizona 85014
prandolph@azbn.gov
 602-771-7888 Fax

OFFICIAL USE ONLY	
Name of Staff Taking Complaint:	
Date/Time of Intake: ___/___/___ :___	<input type="checkbox"/> Processed by Education Dept. Staff <input type="checkbox"/> Transferred to Complaints/Investigations