



Doug Ducey
Governor

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Arizona State Board of Nursing

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Home Page: <http://www.azbn.gov>

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DATE _____

COMPLAINT FORM - RN/LPN/CNA

In accordance with the Arizona State Revised statutes § 32-1664, I hereby issue a complaint concerning the practice of:

Full Name _____ **NP/RN/LPN/CNA License/Certificate** _____

Social Security Number _____

LAST KNOWN TELEPHONE NUMBER (include area code)

Last Known Address: _____
Street City State Zip Code

I have attached a letter to the Arizona State Board of Nursing describing the following:

1. Complaint facts including: Dates, times and locations of incidences; statements made; and any behaviors which were observed by licensees/certificate holders;
2. Witness names, addresses and telephone numbers, and statements regarding the incidents;
3. Copies of relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures, and payroll reports.

NOTE: As required by A.R.S. § 32-1664(L) "information received and records kept by the Board as a result of an investigation are not available to the public."

Please be advised that the applicant/licensee/certificate holder may be furnished a copy of the complaint upon request. However, if the disclosure of your name will pose a risk to you, a copy of the complaint with redacted ID information may be provided. If in the Board's discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint.

(Please Print Your Name Here)

Signature of Complainant

Title

Agency (if applicable)

Address

City, State, Zip Code

() Telephone Number