



Doug Ducey  
Governor

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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:

<b>COMPLAINT DESCRIPTION</b>		
<b>NATURE OF COMPLAINT</b> <input type="checkbox"/> Not Board Approved Program <input type="checkbox"/> Program Advertisement Misleading/Incorrect	<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 _____
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
<b>VERIFICATION</b>		
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 7<sup>th</sup> Street, Suite 200  
 Phoenix, Arizona 85014  
[prandolph@azbn.gov](mailto:prandolph@azbn.gov)  
 602-771-7888 Fax

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