



Maryland State Board of Examiners of Nursing Home Administrators
 4201 Patterson Avenue, 3rd Floor
 Baltimore, MD 21215-2299
 Telephone: (410) 764-4750 • Fax (410) 358-9187

Complaint Form Re: Licensed Nursing Home Administrator

PERSON FILING COMPLAINT	NAME (FIRST, MIDDLE INITIAL, LAST)	CELL PHONE
	BUSINESS NAME (IF APPLICABLE)	WORK PHONE
	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	E-mail Address (<u>Please print clearly</u>)
	Have you reported this matter to another agency/agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list name of agency/agencies here:	
RELATIONSHIP TO RESIDENT:		

NAME OF LNHA and FACILITY NAME PHONE NUMBER AND LOCATION	Have you discussed your complaint with the facility's Licensed Nursing Home Administrator ("LNHA")? <i>Note: the LNHA is the person in the facility who runs the building and is responsible for its overall operations.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide name LNHA below)	FACILITY PHONE
	NAME OF FACILITY'S LNHA	
	FACILITY NAME	
	FACILITY STREET ADDRESS	
	CITY STATE ZIP	
WITNESSES (IF ANY)	NAME (FIRST, MIDDLE INITIAL, LAST)	CELL PHONE
	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	E-mail Address (<u>Please print clearly</u>)
WITNESSES (IF ANY)	NAME (FIRST, MIDDLE, LAST)	CELL PHONE
	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	E-mail Address (<u>Please print clearly</u>)

Please add sheets for additional witnesses, if needed.

ARE YOU WILLING TO TESTIFY if this matter proceeds to a formal hearing?

Yes _____ No _____

PLEASE NOTE: The Board is not permitted to release to the public any information about any investigation until a Final Order is issued.

NATURE OF COMPLAINT:

Please describe, in as much detail as possible, the exact nature of your complaint(s) against the facility's Nursing Home Administrator including date(s), time(s) and location(s) of occurrence(s): **(Use as many additional sheets as necessary, number them and sign and date each one at the bottom)**

DETAILS OF COMPLAINT

I HEREBY DECLARE AND AFFIRM under the penalties of perjury that the matters of facts set forth in the foregoing complaint are true and correct, to the best of my knowledge, information and belief.

_____ Date

_____ Signature