



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

## Complaint Form Re: Licensed Nursing Home Administrator

<b>PERSON FILING COMPLAINT</b>	NAME (FIRST, MIDDLE INITIAL, LAST)	CELL PHONE
	BUSINESS NAME (IF APPLICABLE)	WORK PHONE
	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	E-mail Address ( <b>Please print clearly</b> )
	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:		

<b>NAME OF LNHA and FACILITY NAME PHONE NUMBER AND LOCATION</b>	Have you discussed your complaint with the facility's Licensed Nursing Home Administrator ("LNHA")? <b>Note: the LNHA is the person in the facility who runs the building and is responsible for its overall operations.</b> <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	
<b>WITNESSES (IF ANY)</b>	NAME (FIRST, MIDDLE INITIAL, LAST)	CELL PHONE
	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	E-mail Address ( <b>Please print clearly</b> )
<b>WITNESSES (IF ANY)</b>	NAME (FIRST, MIDDLE, LAST)	CELL PHONE
	STREET ADDRESS	HOME PHONE
	CITY STATE ZIP	E-mail Address ( <b>Please print clearly</b> )

**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