INSTRUCTION SHEET FOR USE OF GENERAL PUBLIC COMPLAINT FORM

1) Enter the information requested in each section of the complaint form. If more than one nurse is being reported a separate form should be used for each nurse being reported.

2) Anonymous complaints are accepted and will be investigated if sufficient identification information for the licensee is submitted. We must be able to properly identify the nurse in question before we can proceed.

3) All complainants who identify themselves with contact information will be notified in writing as to the final disposition of the complaint. If a complaint is received anonymously we do not reveal the final outcome to interested callers.

4) If you have questions regarding how to fill out/submit the complaint form you may contact the Complaint Coordinator @ 919-782-3211 x 282 or complaint@ncbon.com

N.C.G.S. 90-171.47 states:

***Reports: immunity from suit.* – Any person who has reasonable cause to suspect misconduct or incapacity of a licensee or who has reasonable cause to suspect that any person is in violation of this Article, including those actions specified in G.S. 90-171.37 (1) through (8), G.S. 90-171.43 and G.S. 90-171.44, shall report the relevant facts to the Board. Upon receipt of such charge or upon its own initiative, the Board may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. Any person making a report pursuant to this section shall be immune from any criminal prosecution or civil liability resulting there from unless such person knew the report was false or acted in reckless disregard of whether the report was false.**

North Carolina Board of Nursing
GENERAL PUBLIC - Incident Complaint Form

(This form is to be used only by the General Public)

Information of nurse being reported (Fill out as much information as you know)

Name _____

Street Address _____

City/State/Zip _____

Home phone number (_____)_____Cell phone number (_____)_____

Work phone number (_____)_____

SSN# _____-_____-_____ ☐ RN or ☐ LPN (check one)

NC Certificate # _____

Information Regarding Facility/Setting Where Nurse Practice Act was Violated: (Fill out as much information as you know)

Name of facility _____

Street address of facility _____

City/State/Zip of facility _____

Telephone number of facility (_____)_____Fax (_____)_____

Date of incident _____Shift Nurse Worked _____

Area of practice nurse worked at time of event/incident_____

Have you reported this to someone at facility? If yes, when & to whom?

Names, addresses, and phone numbers of all witnesses if applicable:

Narrative Description of event/incident (specify date, time, location and how event discovered. Attach additional documents as necessary)

Name of person making complaint (Primary Contact)

Name:_____

Street Address:_____

City/State/Zip _____

E-mail:_____ Home Phone: (_____)_____

Work phone: (_____)_____ Cell phone: (_____)_____

Best time of day to reach you?_____

Date Submitting Complaint:_____

Send this completed form and any supporting documents to:

NC Board of Nursing
Complaint Coordinator
P. O. Box 2129
Raleigh, NC 27602
919-781-9461 – fax complaints@ncbon.com