

Non-NC RNs and LPNs, please reach out to complaints@ncbon.com

For all NC licensees, please follow the steps below.

Self-Report Complaint Submission

1. Login to your nurse portal at www.ncbon.com, hover over your name on the right-hand side, click on “Self-Report”



Nurse Portal

A screenshot of the Nurse Portal interface. At the top is a dark blue navigation bar with links for 'Home', 'Applications', 'Help / Support', and 'Test Test'. Below this is a user profile section. On the left, there's a 'Primary Address' card showing '1234 Test St'. To its right is a red 'Emergency Disaster Temporary Permit' card. A dropdown menu is open, showing options: 'Request Name Change', 'Request Profile Change', 'Request Address Change', 'Update Username', 'Update Password', and 'Self Report' (which has a question mark icon next to it).

2. The Self Report option links you to the Complaint portal site. Click on New Complaint or Self Report to open a new complaint form:

A button with a large blue circle containing a white plus sign. Below the icon, the text reads 'New Complaint or Self-Report'. Underneath that, in smaller text, it says 'If you wish to submit a new self report, click here.'A button with a large purple wrench icon. Below the icon, the text reads 'Resume Complaint or Self-Report'. Underneath that, in smaller text, it says 'If you have started a complaint previously, but did not submit it, and have the confirmation number available, enter it below and click the Go! button to resume.' Below this text is a text input field and a blue 'Go!' button.

3. Complete the Nurse Information in the Complaint Form and click Next:

Nurse Information

Please enter/verify your information in the form below.

Nurse

* Name:

Address 1:

Address 2:

Zip, City, State:



Home Phone:

Work Phone:

* Email Address:

If you wish to save this complaint and complete it later, you may click the Cancel/Exit button below at any time.

Cancel / Exit

Next

- ## Report Details

Previous Cancel / Exit Next

5. Review the Verification page and click Previous if any revisions are needed. Click Submit Complaint when complaint is complete.

Verification

Please take a moment to verify all information below. If you see any errors, use the previous button to correct information. Once all information is correct, use the next button to proceed.

Nurse Information

Name:

Test Test

Address:

1234 Test St
Raleigh, NC 27609

Home Phone:

Work Phone:

Email Address:

test@test.com

Charge/Conviction

Charge/Conviction

type

Charge State

North Carolina

Charge County

Wake

Complaint

Charge/Conviction Date:

08/06/2025

Explanation:

This is what happened, and why

If you wish to save this complaint and complete it later, you may click the Cancel/Exit button below at any time.

Previous

Cancel / Exit

Submit Complaint