The mission of the Kentucky Board of Nursing is public protection and, as such, the Board is charged with investigating and acting upon complaints against nurses. KRS 314.031(4) is a mandatory reporting statute. If your complaint is against someone other than a licensed nurse, you may wish to contact the appropriate regulatory board. If your complaint is against a hospital or other health care facility, the complaint should be directed to the Division of Licensing and Regulation of the Cabinet for Health Services (502-564-2888). If your complaint involves the rendering of nursing services by someone who you feel is not duly licensed, this information should be forwarded to the Board of Nursing.

In order to expedite the processing of your complaint, two forms are provided (one for facilities and one for consumers). Using the form(s), please submit the correct names, addresses, and telephone numbers, both home and business, of all persons named in the complaint, including that of the complainant, the nurse, and all others. **All blanks should be filled in as completely as possible. When the requested information is not known, you should write in “N/A” (Not Applicable).**

All complaints made to the Board are investigated. A member of the Board staff will contact you if more information is needed. There may be a considerable time lapse between the filing of the complaint and the resolution. Mail the complaint form to the following address:

Consumer Protection Branch  
Kentucky Board of Nursing  
312 Whittington Pky, Ste 300  
Louisville, KY 40222-5172

Any questions about the complaints against nurses process can be forwarded via e-mail to the Consumer Protection Branch at KBN.I&D@mail.state.ky.gov.

Date complaint submitted _________________________________
CONSUMER COMPLAINT FORM

Name of Nurse: ____________________________________________

Home Address: ____________________________________________

City: __________________________ State: __________ Zip: __________

Home Phone #: (___)______________ Work Phone #: (___)______________

Nurse’s License #: __________________________

Nurse’s Employer’s Name: _______________________________________

Employer’s Address: ____________________________________________

City: __________________________ State: __________ Zip: __________

Employer’s Phone #: (___)______________ Contact Person: __________________________

Employer’s E-Mail Address: ______________________________________

Your Name: ____________________________________________

Home Address: ____________________________________________

City: __________________________ State: __________ Zip: __________

Home Phone #: (___)______________ Work Phone #: (___)______________

Were you a patient of this nurse? □ Yes □ No

If so, during what period of time? __________________________________________

As a patient, will you consent to release to this Board, or its designated investigating body, copies of medical reports and records relating to you and to this occurrence from any hospital, related institution or physician? □ Yes □ No
Please write a description in as much detail as possible, stating the exact nature of your complaint(s) against this nurse. (Use as many additional sheets as necessary, number them, and sign each one at the bottom.)
List the name, address, and telephone number of any witnesses to the occurrence(s), including any person who was present at the time of the occurrence(s).

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Have you filed this complaint with any other person, organization, law enforcement agency, or regulatory agency?  ☐ Yes  ☐ No

If so, with whom? ____________________________________________

_________________________________________________________________

_________________________________________________________________

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.

Your Signature ____________________________________________ Date __________

If you wish to be notified of the Board’s final resolution of this case, please check below.

☐ Yes, I wish to be notified of the Board’s decision.

☐ No, I do not wish to be notified of the Board’s decision.

7/04; 03/10 ds