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.

Please submit the following information as applicable:

- Personnel file including the initial application, performance evaluations, drug screen results, and disciplinary actions.
- Medical records, including nurse notes, physician orders, MARS and narcotic sign-out sheets.
- Witness statements.
- Relevant policies and procedures.
- Any other information relevant to the complaint.

If the complaint form is submitted to the Board of Nursing without the above supporting documentation, a subpoena will be issued. The subpoena will be sent by certified mail to named person on page two (2) of this form.

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 _________________________________
FACILITY COMPLAINT FORM

Name of Nurse: ____________________________________________________________
   First                                                         Middle                                                         Last

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: _____________________________________________

Facility Name: (if different than employer) ________________________________

Facility Type:  □ Hospital    □ Staffing Agency □ LTC/Nursing Home □ Clinic    □ Other  ________________

Facility Address: ______________________________________________________

City: __________________________ State: _______ Zip: ______________

Facility Phone #: (____)________________________

Facility (HR) E-Mail Address: (if different than employer) ______________________________

Your Name: ___________________________________________________________
   First                                                         Middle                                                         Last

Position: ______________________________________________________________

Daytime Phone #: (____)________________________

Name of the contact person the subpoena should be issued to?
____________________________________________________________________

____________________________________________________________________
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.)
What is the current status of the nurse’s employment with your facility?

☐ Termination Date: _________________________  ☐ Resignation Date: _________________________

☐ Suspension Date: __________________________  ☐ Other _________________________________

Have you filed this complaint with any other person, organization, law enforcement agency, or regulatory agency?

☐ Yes    ☐ No

If so, with whom? ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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.