

# Complaints Against Nurses Process

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](mailto:KBN.I&D@mail.state.ky.gov).

Date complaint submitted \_\_\_\_\_





---

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.