



Matthew H. Mead
Governor

Wyoming

STATE BOARD OF NURSING

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Complaint Report (Must be typed or printed legibly)

Your name, or the name of the person registering the complaint _____

Address: _____ Phone: _____ Employer Name: _____

Employer Address: _____ Employer phone: _____

Name of person being reported: _____ License Type: _____

License/Certificate number (if known): _____ Expiration date: _____

Employer Name: _____ Employer Address: _____

Phone: _____ Employment position: _____

Employment Dates: _____ to _____ Current Employment Status: _____

Location of incident: _____ Date of incident: _____ Time of Incident: _____

Specifics of Complaint: Additional information is often needed to complete an investigation; in the space below provide a brief description of the incident, dates, patient identification, nurse behaviors, and **attach documentation supporting your allegation (i.e., copies of patient records, Medication Administration Records (MARs) and narcotic records, statements of witnesses and/or persons involved, confession, policies and procedures, employee handbook, staffing schedule, patient assignment, incident reports, termination notice, name and address of all witnesses)**. If additional space is required, please use additional paper.

You must sign this form. Per the Administrative Rules & Regulations we cannot accept anonymous complaints. Licensee is notified and a copy of the complaint is sent to the licensee as part of due process.

Signature of person filing complaint

Title:

Date