

**NC State Board of Examiners for
 Nursing Home Administrators
 3733 National Drive, Suite 110
 Raleigh NC 27612
 919-571-4164
 Fax 919-571-4166
ncbenha@mindspring.com
www.ncbenha.org**

COMPLAINT/REPORT FORM

PLEASE PRINT OR TYPE

PERSON SUPPLYING INFORMATION	NAME (FIRST, MIDDLE, LAST)	HOME PHONE
	BUSINESS NAME (IF APPLICABLE)	WORK PHONE
	STREET ADDRESS	EMAIL OR FAX NUMBER
	CITY/COUNTY STATE ZIP	OTHER (SPECIFY)
	Have you reported this matter to another agency? If yes, please list the name of the agency.	

SUBJECT OF REPORT (ADMINISTRATOR)	NAME (FIRST, MIDDLE, LAST)	TITLE/LICENSE
	BUSINESS NAME (IF APPLICABLE)	WORK PHONE
	STREET ADDRESS	EMAIL OR FAX NUMBER
	CITY/COUNTY STATE ZIP	OTHER (SPECIFY)

DEPARTMENTAL USE ONLY	CASE NUMBER)	CASE CATEGORY SURVEY COMPLAINT	POSSIBLE VIOLATION (CITE STATUTE OR REGUALTION)
	LICENSE NUMBER	EXPIRATION DATE	
	DATE RECEIVED	LAST 4 DIGIT SS#	
	NAME OF FACILITY INVOLVED		OTHER (SPECIFY)
	FACILITY ADDRESS		

IF AN ATTORNEY IS INVOLVED, COMPLETE THIS SECTION

ATTORNEY NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

IF SECOND OPINION RECEIVED, COMPLETE THIS SECTION

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

I have read the above and it is true to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

Complaint Form Must Be Signed and Notarized to be eligible for review

County of _____

State of _____

Sworn to and subscribed before me this _____ day of _____, _____.

SEAL

Notary Public
My Commission Expires _____

PLEASE RETURN TO:

**NC STATE BOARD OF EXAMINERS FOR
NURSING HOME ADMINISTRATORS
3733 NATIONAL DRIVE, SUITE 110
RALEIGH NC 27612**