

**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](mailto:ncbenha@mindspring.com)  
[www.ncbenha.org](http://www.ncbenha.org)**

## COMPLAINT/REPORT FORM

PLEASE PRINT OR TYPE

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

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

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



**IF AN ATTORNEY IS INVOLVED, COMPLETE THIS SECTION**

<b>ATTORNEY NAME</b>	<b>PHONE NUMBER</b>	
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**IF SECOND OPINION RECEIVED, COMPLETE THIS SECTION**

<b>NAME</b>	<b>PHONE NUMBER</b>	
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**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**