DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
BOARD OF NURSING HOME ADMINISTRATORS

PUBLIC COMPLAINT FORM

In order to process your complaint, please complete this questionnaire to the best of your knowledge.

(Please type or print clearly)

PERSON MAKING COMPLAINT - (COMPLAINANT INFORMATION)

Name: _____

Address: _____ _____ _____ _____
(Street) (City) (State) (Zip)

Email: _____

Telephone Number(s): _____ _____

SUBJECT OF COMPLAINT

Administrator/Applicant Name: _____

Name of Facility: _____

Address: _____ _____ _____ _____
(Street) (City) (State) (Zip)

OTHER QUESTIONS

Have you contacted the administrator/applicant regarding the problem?

Yes ☐ If yes, please explain what happened. ☐ No

Have you contacted any other agency regarding your complaint?

Yes ☐ If yes, please indicate which agency and its address. ☐ No

May we provide a copy of your complaint and the information provided to other governmental agencies?

Yes ☐ No ☐

Are you willing to testify in a court of law to the facts that you have stated in this complaint?

Yes ☐ No ☐

DESCRIPTION OF COMPLAINT

Describe your complaint in detail. Enclose any documentation that is relevant to your complaint. Please provide as much information as possible. Attach additional paper if necessary.

By submitting this complaint, I am hereby attesting to the accuracy of the statements made in this complaint are true and correct to the best of my knowledge and belief.

_____ _____
(Signature) (Date)

Please send this form and any other documentation to:

Missouri Board of Nursing Home Administrators
P.O. Box 570, 3418 Knipp Drive
Jefferson City, MO 65102-0570

Or email to BNHA@health.mo.gov

Should you have any questions, you may contact the office at 573-751-3511 or via email at BNHA@health.mo.gov.