

**Alabama Board of Examiners of Nursing Home Administrators
Complaint Form**

Offense _____ Case No. _____

Victim/Complainant _____

Address _____

Race _____ Sex _____ Age _____ DOB _____ Other _____

Administrator Name _____ License # _____

Facility Name _____

Facility Address _____

Home Address _____

Date of Licensure _____ Renewal Date _____

Place of Occurrence _____

Date of Occurrence _____ Time of Occurrence _____

Person Reporting Incident _____ Date Reported _____

Bodily Injury (Describe) _____

Witness (1) _____

Address _____

Telephone (w) _____ (h) _____ Relationship to victim _____

Witness (2) _____

Address _____

Telephone (w) _____ (h) _____ Relationship to victim _____

Details of Incident _____

Statements from Witnesses _____

Please attach additional sheets as necessary.