MINNESOTA BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS
2829 University Avenue SE, Suite #404
Minneapolis, MN 55414

COMPLAINT FORM

_____
Name of complainant

_____
Address (street, city, state and zip)

_____ _____
Home phone Work phone

_____
Name of administrator about whom complaint is made

_____
Name and location of nursing facility (or other health care employer) where administrator is employed

Notice of rights under the Minnesota Data Privacy Act:
I understand that I am not legally required to complete or return this form. It is offered so that the Board may properly and thoroughly evaluate and investigate this complaint and, if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those whom they reasonably believe have a need to know.

STATEMENT OF COMPLAINT (Attach additional sheets and documentation as necessary)

_____ _____
Signature of complainant Date

Authorization to provide administrator a copy of complaint
I hereby authorize the Board of Examiners for Nursing Home administrators, its agents, or the agents of the Office of the Attorney General, to provide _____, LNHA, a copy of my complaint documents.

_____ _____
Signature of complainant Date