ALABAMA BOARD OF NURSING

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CONSUMER'S REPORT OF POSSIBLE VIOLATION

NAME OF REPORTING PERSON: _____

ADDRESS: _____
(STREET)

_____
CITY STATE ZIP E-MAIL

TELEPHONE _____

FULL NAME OF THE NURSE: _____
WHERE IS THE NURSE EMPLOYED: _____

THE NURSES TITLE OR POSITION? _____
DID YOU REPORT THIS TO ANYONE IN THE FACILITY?_____

IF YES, TO WHOM WAS IT REPORTED? _____
WHEN WAS IT REPORTED _____

WHAT IS YOUR RELATIONSHIP TO THIS NURSE? _____
HAS THIS MATTER BEEN REPORTED TO THE POLICE? _____
WHERE?

DETAILS OF THE COMPLAINT—ATTACH COPIES OF RELEVANT DOCUMENTS IF AVAILABLE (USE ADDITIONAL SHEETS IF NECESSARY): (Give specifics including What happened, the Date, Place and Time of Occurrence)

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LIST NAMES, ADDRESSES AND TELEPHONE NUMBERS OF OTHER PEOPLE WHO KNOW OF THIS POSSIBLE VIOLATON

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I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____
SIGNATURE

_____
DATE