

**Please provide as much information as possible below, including your name and contact information.
The Alabama Board of Nursing does not process complaints from anonymous or deliberately misleading sources.**



ALABAMA BOARD OF NURSING

P.O Box 303900

Montgomery, Alabama 36130

Phone: (334) 293-5200 Fax: (334) 293-5201 Toll-Free: (800) 656-5318

Email: Teresa.Williamson@abn.alabama.gov

Consumer Report of Possible Violation

Name of Reporting Person:

Telephone:

Address:

Nurse's Full Name:

AL License #:

Nurse's Place of Employment:

Nurse's Title or Position:

Did you report the behavior to anybody at the facility:

Yes

No

If yes, to whom was it reported?

When was it reported:

What is your relationship to the nurse?

Was this matter reported to the police?

Yes

No Where?

Details of the Complaint (Please be as specific as possible and attach relevant documents, if available):

Please list names, addresses, and telephone numbers of other people who know of the possible violation:

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Name: _____ **Telephone:** _____

Address: _____

Attestation: I hereby certify that all the above information is true and correct, to the best of my knowledge and belief.

Signature of Person Filing Report: _____

Date: _____