

ALABAMA BOARD OF NURSING

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Montgomery, Alabama 36130

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Employer Complaint Form

Facility Details - Facility and employer details - Use one form per person reported. * Required field

Facility Name *

Address *

City *

State *

Zip *

Phone *

Director of Nursing *

Facility Administrator *

Is/Was the Nurse Employed by this Facility? *

Employer Details

Employer Name *

Employer Address *

Employer City *

Employer State *

Employer Zip *

Complainant Details

Your Name *

Your Title *

Employer Complaint Form

Nurse's details

Use one form per person reported. * Required field

Nurse's Details

Nurse's License # *

Nurse's Name *

Nurse's Job Title *

Nurse's Phone *

Nurse's Address *

City *

State *

Zip *

Current Status of Employment *

Please explain

Start Date of Employment (MM/DD/YYYY) *

End Date of Employment (MM/DD/YYYY)

Nurse's Supervisor's Name *

Nurse's Supervisor's Phone *

Email

Employer Complaint Form

Complaint details and subpoena contact

Use one form per person reported. * Required field

Complaint Details

Where did the Offense Occur? *

Date(s) of Occurrence - From (MM/DD/YYYY)

To (MM/DD/YYYY)

Complaint (including what, when, and where) *

Did the nurse exhibit any physical traits or characteristics that are consistent with chemical impairment? *

Please explain

Witness Details (if any, including Name, Address, and Phone)

Subpoenas

Identify the name and address of the person who should receive a subpoena from us.

Name *

Title *

Address *

City *

State *

Zip *

Email

Phone