

**West Virginia Board of Examiners for
Registered Professional Nurses**
101 Dee Drive, Suite 102
Charleston, WV 25311-1620
Phone: (304) 558-3596 Fax: (304) 558-3666
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Complaint Form

SUBJECT OF COMPLAINT

Name and address of individual against whom complaint is made

NATURE OF COMPLAINT

Nature of complaint in detail: (attach additional pages as needed.)

WITNESSES

Witnesses to incident or situation: (give full names and addresses.)

NOTE: LICENSEES ARE NOTIFIED WHEN A COMPLAINT IS FILED AGAINST HIS / HER LICENSE. A COPY OF THE COMPLAINT FORM AND ALL SUPPORTING DOCUMENTS ARE SENT TO THE LICENSEE WITH THE LETTER OF NOTIFICATION.

COMPLAINANT

Name, address and telephone number of individual making complaint: