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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

90 MACCORKLE AVENUE, SW – SUITE 203
SOUTH CHARLESTON, WV 25303

COMPLAINT FORM

SUBJECT OF COMPLAINT

Name and address of individual against whom complaint is made

NATURE OF COMPLAINT

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