

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305, Jackson, MS 39216 (601) 362-6914 www.msnha.ms.gov

Complaint Form

*The Board only investigates notarized complaints filed against the Administrator of Record. Please sign, notarize and complete this form as a cover page for your complaint. **Attach your complaint along with detailed supporting documentation.** It is very important that you provide as much information as possible and that you be as specific as possible.*

The name of the Nursing Home Administrator against whom I wish to file a complaint is:

Print Name: _____

He/she is the Administrator of Record at:

Facility Name: _____

Address: _____

The items listed below are the **ONLY** reasons for which the Board has the authority to investigate according to state law. Check the appropriate items from the list below that apply to the nature of your complaint.

- Performing the duties of a Nursing Home Administrator without a valid license
- Providing false information to the Board
- Maladministration
- Unethical Conduct
- Incompetence
- Conviction of a Felony
- Misappropriation of Funds
- Any other matter reflecting unfavorably on an Administrator

Print Your Name

Signature

Date

Mailing Address

Phone

City, State, ZIP

Alternate Phone

Subscribed and sworn to before me this _____ Day of _____, 20_____.

Notary Signature

NOTARY SEAL

My commission expires _____