KANSAS STATE BOARD OF NURSING
Landon State Office Building
900 S.W. Jackson Street, Suite 1051
Topeka, Kansas 66612-1230

COMPLAINT REPORT FORM
(please attach additional pages as needed)

PLEASE NOTE: Your complaint is very important to us. Type or print legibly and complete the information below based on your knowledge about the incident.

NO FAXES OR COPIES ACCEPTED MUST RETURN ORIGINAL FORM.

1. **Reporting Party Information:**

Name: _____
Last First M.I. Position

Name of Agency: _____

Address: _____
Street

_____
City State Zip Code County

Telephone Number: _____

2. **Licensee Information:**

Name _____
Last First M.I.

Other Names Used: _____

Kansas Nursing License No.: _____

Address: _____
Street

_____
City State Zip Code County

Home telephone number: _____ Social Security Number: _____

Employment dates of licensee: _____
MM/DD/YYYY to MM/DD/YYYY

3. The date of the alleged incident(s) is on or about: _____

4. The facts, on which this report is based, are as follows:
(If this report is concerning a patient, please provide a patient name, date of birth (DOB) and identification number, if known.) _____

_____

_____

5. **Description of sanction, corrective or disciplinary action:**

6. **Facility Investigation:**

Investigation Report Completed: Yes ◯ No ◯
Investigation Report Attached: Yes ◯ No ◯

Immediate Supervisor name, phone number and address:

Director of Nursing and/or Chief Nursing Officer name, phone number and address:

Witnesses names and addresses:

7. **Documentation in facility file** (Please list):

Signature of Reporting Person

Pursuant to law the Kansas State Board of Nursing may exercise discretion in deciding what to investigate, absent a sworn complaint.

OPTIONAL:

Complete the notary portion if you desire to make the investigation of this matter a mandatory duty of the Board. (Notaries are available at most banks, many supermarkets and libraries).

STATE OF KANSAS]
]SS.
COUNTY OF_____]

Being first duly sworn states that he/she has read the forgoing report consisting of _____ pages and knows the contents thereof; and that the same is true and correct to the best of his/her knowledge, information and belief.

_____
Signature of Reporting Person

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires:_____ _____
Notary Public

65-1127. Immunity from liability in civil actions for reporting, communicating and investigating certain information concerning alleged malpractice incidents and other information; conditions.

(a) No person reporting to the board of nursing under oath and in good faith any information such person may have relating to alleged incidents of malpractice or the qualifications, fitness or character of a person licensed to practice professional nursing or licensed to practice practical nursing shall be subject to civil action for damages as a result of reporting such information.