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**STATE OF WEST VIRGINIA
BOARD OF REGISTERED NURSES
5001 MacCorkle Avenue, SW
South Charleston, WV 25309**

COMPLAINT FORM

SUBJECT OF COMPLAINT

Name, license number and other identifying information against whom complaint is made

NATURE OF COMPLAINT

Complaint in detail (attach additional pages as need)

WITNESSES

Witnesses to the 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