

West Virginia Nursing Home Administrators Licensing Board

P.O. Box 522
Winfield, WV 25213
Telephone 304-586-4070
Fax - 304-586-4079

COMPLAINT FORM

COMPLAINANT _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME & ADDRESS OF PERSON SUBJECT TO THE COMPLAINT:

NAME _____
NURSING HOME
FACILITY ADDRESS _____
CITY _____ STATE _____ ZIP _____

**DOES THIS COMPLAINT DIRECTLY INVOLVE A NURSING HOME
ADMINISTRATOR? YES NO**

**PLEASE EXPLAIN IN DETAIL THE NATURE OF THE COMPLAINT, INCLUDE NAMES
OF PERSONS WHO MAY HAVE WITNESSED THE ALLEGED ACT, DATE AND TIME OF
THE ALLEGED ACT, AND ALL PERTINENT INFORMATION PERTAINING TO YOUR
ALLEGATION. IF THE BOARD FINDS CREDIBLE EVIDENCE TO PROCEED WITH
YOUR COMPLAINT, ALL RELEVANT PARTIES WILL BE NOTIFIED. (ATTACH
ADDITIONAL PAGES IF NECESSARY).**

COMPLAINANT'S SIGNATURE

DATE

**THE BOARD RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION IF
NEEDED TO SATISFY THE COMPLAINT UNDER RELEVANT STATE LAW.**

Print and mail to Board office.