

CONSUMER'S REPORT OF POSSIBLE VIOLATION

NAME OF REPORTING PERSON:

TELEPHONE NUMBER:

ADDRESS:

EMAIL:

FULL NAME OF LPN:

WHERE IS THE LPN EMPLOYED?

DID YOU REPORT THIS TO ANYONE IN THE FACILITY? _____ YES _____ NO

IF YES, TO WHOM WAS IT REPORTED (NAME AND TITLE)?

WHEN WAS IT REPORTED?

WHAT IS YOUR RELATIONSHIP TO THE LPN?

HAS THIS MATTER BEEN REPORTED TO THE POLICE? _____ YES _____ NO

IF YES, WHAT POLICE DEPARTMENT OR PARISH?

DETAILS OF THE COMPLAINT-ATTACH COPIES OF ANY RELEVANT DOCUMENTS IF AVAILABLE. LIST NAMES, ADDRESSES AND TELEPHONE NUMBERS OF OTHER PEOPLE WHO KNOW OF THIS POSSIBLE VIOLATION. (USE ADDITIONAL SHEETS IF NECESSARY AND GIVE SPECIFICS OF WHAT HAPPENED, THE DATE, PLACE AND TIME OF OCCURRENCE).

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

PLEASE MAIL OR FAX THIS FORM TO THE FOLLOWING:
LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
COMPLIANCE DEPARTMENT
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
PHONE: 504-838-5791 FAX: 504-838-5279