

**BRIAN SANDOVAL**  
Governor

**MICHAEL J. WILLDEN**  
Director



**RICHARD WHITLEY, MS**  
Administrator

**TRACEY D. GREEN, MD**  
Chief Medical Officer

STATE OF NEVADA  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

**COMPLAINT FORM**

**Complainant**

DO YOU WANT TO REMAIN ANONYMOUS? YES NO

FIRST NAME:

LAST NAME:

STREET ADDRESS:

APT:

CITY:

STATE:

ZIP:

RELATIONSHIP TO PATIENT: SELF: FAMILY: FRIEND: FACILITY STAFF: OTHER:

**CONTACT INFORMATION**

DAYTIME PHONE: --

CELL: --

WORK: --

EMAIL:

**Patient/Resident/Client**

FIRST NAME:

LAST NAME:

DOB:

STREET ADDRESS:

APT:

CITY:

STATE:

ZIP:

**CONTACT INFORMATION**

DAYTIME PHONE: --

CELL: --

WORK: --

EMAIL:

# FACILITY INFORMATION

## 1<sup>ST</sup> FACILITY

NAME OF FACILITY:  LICENSE NUMBER:

PHONE: -- STREET ADDRESS:

CITY:  STATE:  ZIP:

UNIT/FLOOR/ROOM/HALL:  (IF KNOWN) ADMITTED ON:  DISCHARGED ON:

IS THE PATIENT/RESIDENT/CLIENT STILL IN THE FACILITY? YES NO

## 2<sup>ND</sup> FACILITY

NAME OF FACILITY:  LICENSE NUMBER:

PHONE: -- STREET ADDRESS:

CITY:  STATE:  ZIP:

UNIT/FLOOR/ROOM/HALL:  (IF KNOWN) ADMITTED ON:  DISCHARGED ON:

IS THE PATIENT/RESIDENT/CLIENT STILL IN THE FACILITY? YES NO

## Complaint Information

PLEASE PROVIDE SPECIFIC DETAILS OF YOUR COMPLAINT

HAS THE FACILITY TRIED TO ADDRESS THE SITUATION? YES NO

HAS ANY OTHER AGENCY (OMBUDSMAN, EPS, POLICE, ETC.) BEEN CONTACTED? YES NO

HAVE YOU TAKEN ANY ACTIONS? YES NO

IF YES WHAT HAS BEEN DONE?

HAS ANYONE AT THE FACILITY TRIED TO ADDRESS THE SITUATION? YES NO

IF YES HOW?

HAS THIS HAPPENED BEFORE TO THE SAME INDIVIDUAL, OR TO OTHERS? YES NO

IF YES PLEASE PROVIDE DETAILS *(IF POSSIBLE)*

OTHER PERTINENT INFORMATION

DO YOU WISH TO BE NOTIFIED OF THE RESULTS: YES NO

**SUBMIT**