



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S Louise Ave Suite 201 ♦ Sioux Falls SD 57106
(605) 362-2760 ♦ Fax: 362-2768

Please complete the following information and submit copies of pertinent documents, including medical records if available; do not submit your original documents. State in detail all facts which you believe justify your complaint. If possible, state whether the information is within your personal knowledge, and if not, provide the source(s).

Please send this completed, signed form to the South Dakota Board of Nursing, attention: Complaints. If necessary, we may contact you for additional information, and you will be notified of a final decision. Please be aware that evaluation and investigation of a complaint is a time consuming process.

Name of Complainant: _____
Address: _____
Telephone: _____ Email: _____
Additional Complainant(s), if any: _____

Individual(s) against whom this complaint is issued: _____
Nurse License # if known: _____
Place of employment: _____

Complaint and Additional Information

- Were you the patient/individual for whom care was provided? Yes No
If not, for whom was care provided (name and relationship to you)? _____

- Do you represent the employer of the nurse involved? Yes No
If so, the name and contact information of the facility: _____

If so, has this practitioner faced prior warnings or disciplinary action? Yes No
Please provide employee history, evaluations, etc. as appropriate.
- Have you contacted the practitioner and/or employer about your complaint? Yes No
If so, what action, if any, was taken or is being taken? _____

- Has this complaint been filed elsewhere? Yes No
If so, with whom/what organization or agency? _____

If so, what action, if any, was taken or is being taken? _____

- Please describe in detail event(s) that cause you to file this complaint; include names, dates, locations, and any other information that you believe support the complaint. Attach extra sheets if necessary. _____

I certify that the above information is true and correct to the best of my knowledge.

Signature of Complainant _____ Date _____