

LABENFA COMPLAINT FORM

Anonymous written or oral complaints will not be accepted

Return completed notarized form to : LABENFA 5647 Superior Drive Baton Rouge, LA 70816-6049

1. INFORMATION ABOUT YOU

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss Last Name		First or Given Name	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Mailing Address		City/State	Zip Code
Telephone # ()	Cell/Work # ()	Fax # ()	Email:

Describe your relationship to the facility:
 employee former employee resident former resident resident family member
 former resident family member friend of resident volunteer Other (specify) _____

2. INFORMATION ABOUT THE ADMINISTRATOR (PERSON I AM REPORTING)

Name of Administrator	Facility/Nursing Home	
Complete Street Address and/or Mailing Address of Facility/Nursing Home		
Facility/Nursing Home Telephone # ()	Facility/Nursing Home Fax # ()	Other

Is Facility/Nursing Home still in business? Yes No

Corporate Office Address: (If different from Facility/Nursing Home Address)

3. Nature of Your Complaint

<input type="checkbox"/> Negligent Conduct	<input type="checkbox"/> Practicing while his/her ability to practice is impaired by: <input type="checkbox"/> Controlled Substances <input type="checkbox"/> Alcohol <input type="checkbox"/> Narcotic drugs <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability <input type="checkbox"/> Emotional disability <input type="checkbox"/> Other
<input type="checkbox"/> Unprofessional Conduct	
<input type="checkbox"/> Gross Incompetence	
<input type="checkbox"/> Other NFA Violations of laws or regulations	
<input type="checkbox"/> Other Please Specify	<input type="checkbox"/> Other Please Specify

LABENFA COMPLAINT FORM

Anonymous written or oral complaints will not be accepted

4. DETAILS OF YOUR CONCERN/COMPLAINT

Act, omission or conduct being reported:

Date of Occurrence:

Statute, or regulation believed to have been violated, if known:

Where did it occur?

Description of the facts surrounding it:

The nature of any alleged injury, damage, detriment or loss that resulted from the conduct, act or omission:

Names, addresses and telephone numbers of all witnesses if available:

Your relationship to the person you are reporting for:

LABENFA COMPLAINT FORM

Anonymous written or oral complaints will not be accepted

Was this Complaint made to another Government Agency? Yes No

If yes, explain:

5. COMPLAINANT SIGNATURE (Given the problem of verifying anonymous complaint information, the board has determined to not except anonymous written or oral complaints.)

By this submission, I am certifying that the information submitted above is true and correct to the best of my knowledge and belief. I am providing supporting documentation by mail, facsimile to (225)295-8574, or email to NFAinfo@labenfa.com.

Print Name _____

Signature _____

Date _____

AFFIDAVIT

Thus sworn to and subscribed before me this _____ day of _____ 2012

Notary Public

Parish of _____

SEAL

State of _____

My commission expires _____

FOR OFFICE USE ONLY

Date Received:

Received by:

Mail Phone Fax Email Interview

Reviewed by _____

Date _____