Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

STATE BOARD OF LONG-TERM CARE ADMINISTRATORS

4201 Patterson Avenue, 3rd Floor
Baltimore, MD 21215-2299
Telephone: (410) 764-4750 ● Email: mdh.bltca@maryland.gov

COMPLAINT FORM

Licensed Nursing Home Administrator (LNHA)

PERSON FILING COMPLAINT	
NAME (FIRST, MI, LAST):	**CELL PHONE:**
BUSINESS NAME (IF APPLICABLE):	**WORK PHONE:**
STREET ADDRESS:	**HOME PHONE:**
CITY: STATE: ZIP:	**E-MAIL ADDRESS:**
Have you reported this matter to another agency/agencies? ☐ **Yes** ☐ **No** **If so, please list name of agency/agencies here:**	
RELATIONSHIP TO RESIDENT:	

NAME OF LNHA and FACILITY INFORMATION	
Have you discussed your complaint with the facility's Licensed Nursing Home Administrator (LNHA)? ***Note: the LNHA is the person in the facility who runs the building and is responsible for its overall operations.*** ☐ **Yes** ☐ **No** **If "Yes," please provide LNHA name below.**	
NAME OF FACILITY'S LNHA:	
FACILITY NAME:	**FACILITY PHONE:**
FACILITY STREET ADDRESS:	
CITY: STATE: ZIP:	

WITNESSES (If Applicable)	
1. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS
2. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS:
3. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS:
4. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS:
5. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS:
6. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS:
7. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS:
8. NAME (FIRST, MI, LAST)	CELL PHONE:
STREET ADDRESS	HOME PHONE:
CITY STATE ZIP	E-MAIL ADDRESS:

ARE YOU WILLING TO TESTIFY IF THIS MATTER PROCEEDS TO A FORMAL HEARING?

☐ **Yes** ☐ **No**

PLEASE NOTE: The Board is not permitted to release to the public any information about any investigation until a Final Order is issued.

DETAILS OF COMPLAINT

NATURE OF COMPLAINT:
Please describe, in as much detail as possible, the exact nature of your complaint(s) against the facility's Nursing Home Administrator including date(s), time(s) and location(s) of occurrence(s):

I HEREBY DECLARE AND AFFIRM under the penalties of perjury that the matters of facts set forth in the foregoing complaint are true and correct, to the best of my knowledge, information, and belief.

Signature

Date