

Commonwealth of Massachusetts Board of Registration in Nursing

The Massachusetts Board of Registration in Nursing (Board), as a regulatory agency of state government, protects the health, safety and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. The Board's regulations at 244 CMR 6.00: Approval of Nursing Education Programs establish uniform standards (i.e., regulations) for the approval of pre-licensure nursing education programs (program). Program compliance with the established standards is monitored by the Board to ensure that graduates of an approved program are prepared to provide safe, effective nursing care.

Complaints which allege a program's failure to comply with regulations at [244 CMR 6.00](#) must be submitted to the Board using the attached complaint form.

When information from a complaint investigation indicates that a Nursing Program has violated a regulation, the Board may take administrative action against the Program, ranging from directing the Program to demonstrate compliance, reviewing the approval status of a Program, or conducting a site survey.

The Board **cannot** represent you in civil matters in a court of law or other tribunal to recover fees paid or to seek remedies for injuries. You may wish to consult a private attorney regarding these matters.

ISSUES THAT ARE NOT WITHIN THE AUTHORITY OF THE BOARD

- Fee disputes, such as reimbursement of tuition or fees
- Personality conflicts
- Grade disputes that are not related to a violation of regulations at 244 CMR 6.04

COMPLAINT FORM INSTRUCTIONS

- To file a complaint, you must submit a legible, signed and dated complaint that identifies the person or entity who is the subject of your complaint.
- If education records are required to process your complaint. The signature of the student to the *Authorization for Release of Records and Referral of Complaint* section is necessary.
- Be **specific** in your complaint description, and include copies of pertinent education records, correspondence, contracts and any other documents that support your complaint.
- If the allegations contained in your complaint are determined to be possible violations of applicable regulations, a complaint will be opened for investigation.
- If your complaint is opened and assigned for investigation, a copy of the complaint will be provided to the Nursing Education Program.
- The Board may, in its discretion, investigate an anonymous complaint if the complaint is in writing; if the complaint allegations constitute violations of regulations warranting Board action; if preliminary inquiry reveals sufficient information to determine that the allegations may be true; and if proving the allegations does not require the identification and/or testimony of the person filing the complaint.

Board of Registration in Nursing
239 Causeway Street, Suite 500, Boston, MA 02114

**NURSING
PROGRAM
COMPLAINT
FORM**

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH PROFESSIONS LICENSURE
Board of Registration in Nursing
<https://www.mass.gov/nursing-education>

DPH USE ONLY:
Entered into Database (date) ____/____/____ Complaint # _____ Initials ____

Please complete this form as fully as possible. Please TYPE or WRITE LEGIBLY in ink.

COMPLAINANT

Mr.
 Mrs.
 Ms. _____
Your Last Name Your First Name

Your Business Name: _____
(if applicable)
Business Address: _____
Street City State Zip

Complainant Address: _____
Street City State Zip

Your Primary Phone number: () _____ Your Secondary Phone number: () _____ Your Email: _____

NURSING PROGRAM

Type of Program: REGISTERED NURSE LICENSED PRACTICAL NURSE

_____ Program Name


Program Address: _____
Street City State Zip

Phone number: () _____ Email: _____

COMPLAINT DESCRIPTION

DATE(S) OF INCIDENT(S): _____

DETAILS OF COMPLAINT: Clearly describe the incident(s) leading up to your complaint. If applicable, **attach copies** of documents such as: witness statements, academic records, photographs etc. that support your statements. PLEASE SEND COPIES; originals will not be returned to you. Attach extra paper as needed to complete this section.

Continue on next page if needed 

DESCRIPTION CONT.

Details of Complaint continued

COMPLAINT DETAILS

Have you discussed this matter with the Nursing Education Program? yes no

If yes, name and phone number of person contacted:

Date of contact: _____ How was contact made? (phone, e-mail, letter, in person) _____

Result of contact: _____

If there are **witnesses** to your complaint, please provide witness name(s) and telephone number(s) (if applicable)

Have you filed this complaint with any other state or federal agencies? yes no If yes, explain _____

If resolution of this complaint requires it, **are you willing to testify** in person regarding this matter at a formal hearing?
 Yes, I am willing. No, I am not willing.

AUTHORIZATION FOR RELEASE OF RECORDS AND REFERRAL OF COMPLAINT

My signature on this form, or photocopy thereof, authorizes the Department of Public Health Bureau of Health Professions Licensure to: (1) receive copies of all my education records relating to my complaint; (2) to share the complaint and all records collected by the Bureau of Health Professions Licensure during the investigation of my complaint with the Program for the Program's use in responding to the allegations in this complaint; and (3) to refer my complaint to other regulatory and/or law enforcement authorities for appropriate action.

I understand that all complaints are investigated to determine their factual basis.

The act of filing a complaint and its receipt and/or investigation by DPH does not mean that disciplinary action will be taken against the Program.

I hereby declare that I am at least 18 years old and affirm under penalties of perjury that the information provided in connection with the foregoing complaint is true and correct to the best of my knowledge, information and belief.

Signature of _____

- Complainant or
- Legal Representative
(attach documentation)

_____ Date

Mail this form to:
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
Attention: Education Complaints
239 Causeway Street, 5th Floor
Boston, MA 02114

DPH USE ONLY:

Signature of Executive Director or Designated Board Representative

_____ Date