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 <u>244 CMR 6.00</u> 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 <u>copies</u> 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 <u>may</u>, 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 250 Washington Street, 3rd floor, Boston, MA 02108

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.							
	□Mr. □Mrs.	Your First Name						
	Your Last Name	Your First Name						
COMPLAINANT	Your Business Name: (if applicable) Business Address:			Chata	7:			
PLA			City	State	Zip			
COM	Complainant Address:	Street	City	State	Zip			
	Your Primary Phone number: ()	Your Secondary Phone number: ()	Your Email:					
	Type of Program: ☐ REGISTERED NURSE ☐ LICENSED PRACTICAL NURSE							
NURSING PROGRAM	Program Name							
NURSING		Street	City	State	Zip			
	Phone number: ()		Fmail [.]					
PTION	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.							
DESCRI								
COMPLAINT								
COMP								
	Continue on next page if needed							

NT.	Details of Complaint continued						
DESCRIPTION CONT							
<u>N</u>							
RIPT							
SCF							
		-					
	lave you discussed this matter with the Nursing Education Program? ups ups ups						
	If yes, name and phone number of person contacted:						
	ate of contact: How was contact made? (phone, e-mail, letter, in person)						
DETAILS							
Ħ	Result of contact:						
AN							
IPL	If there are witnesses to your complaint, please provide witness name(s) and telephone number(s) (if applicable)						
COMPLAINT	if there are witnesses to your complain	nt, please provide withess name(s) and telepho	one 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.						
_	☐ Tes, Fam willing. ☐ No, Fam not v	viiii ig.					
	AUTHORIZATION E	OR RELEASE OF RECORDS AND REFERRAL OF	E 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 Date ☐ Complainant or							
	□Legal Representative (attach documentation)	Maril Alain Commercia	7				
	,	Mail this form to: Department of Public Health					
		Bureau of Health Professions Licensure					
		Board of Registration in Nursing					
		Attention: Education Complaints 250 Washington Street, 3rd Floor					
		Boston, MA 02108					
Γ.	DRILLIEF ONLY						
	DPH USE ONLY:						
-	Signature of Executive Director or Designated Board Representative Date						
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