



**Iowa Board of Nursing  
Enforcement Unit**

Iowa Board of Nursing  
400 SW 8<sup>th</sup> Street, Suite B  
Des Moines, IA 50309-4685

Phone 515-281-6472  
Fax 515-281-4825  
Website [nursing.iowa.gov](http://nursing.iowa.gov)

**Nurse Being Reported by Patient or  
Law Enforcement or Other**

<b>Nurse Being Reported</b>		
Name (First, Middle, Last):	License Number:	
Home Address (Number & Street):		
City:	State:	Zip:
Nurse's Employer:	Position:	
Nurse's Employer Address (Number & Street):		
City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:
E-mail Address:	Date of Incident:	
Additional Information about the Nurse, if known (Birthdate, Former Name, etc.):		

<b>Name of Person Registering the Complaint</b>		
Name (First & Last):		
Agency:	Position:	
Address (Number & Street):		
City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:
Email Address:	Relationship to Nurse? (Patient, Coworker, Friend, Law Enf.)	

Reported to additional governmental agencies? (Law Enforcement, DIA, Medicaid Fraud, other Board, etc.):

Agency:

Case number:

Name of contact:

Contact number/email address:

**DETAILS OF COMPLAINT:** Please print clearly. Provide pertinent information such as the chronological order of events, names of witnesses and telephone numbers, copies of documents relevant to the situation being reported.

I certify that all the information that I have provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**PLEASE RETURN TO:** Iowa Board of Nursing  
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Phone: 515-281-6472  
Fax: 515-281-4825  
enforce@iowa.gov

This Board and its Investigators are authorized by Iowa Code §§ 147.55, 152.10, 152.11 and 272C.3, to investigate nurses licensed by this state for the purposes set forth in the cited statutes. Iowa Code §272C.6(4) further ensures that protected information will be maintained as privileged and confidential to the extent of the law. The Iowa Board of Nursing is a HIPAA exempt regulatory agency. Please forward documents that are **not** redacted.

Please send in any applicable documentation supporting the above mentioned concerns as follows but not limited to the following:

- Incident report/Investigative report or explanation of incident being reported
- All correspondence with nurse being reported on this matter
- Witness statements
- Witness contact information (address, phone, email)
- **Relevant** patient's charting (MAR, Orders, Nursing Notes, etc.)
- Audio and video recordings depicting relevant events stated in your complaint, if available
- Any other **relevant** records

This information will be utilized only for purposes authorized by Iowa law. This information will not be utilized for any other purpose other than stated in this request.