The Nursing Practice Act, Texas Occupations Code, Sections 301.401 - 301.419, requires nurses, state agencies, liability insurers, and other entities to report to the Texas Board of Nursing (BON) any nurse who engages in conduct subject to reporting, pursuant to Section 301.401(1) that:

(A) violates this chapter or a board rule and contributed to the death or serious injury of a patient;

(B) causes a person to suspect that the nurse’s practice is impaired by chemical dependency or drug or alcohol abuse;

(C) constitutes abuse, exploitation, fraud, or a violation of professional boundaries; or

(D) indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse’s continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.

Board rules in 22 Texas Administrative Code, §217.11 (Standards of Nursing Practice), §217.12 (Unprofessional Conduct), and §217.16 (Minor Incidents) may also be relevant to review in considering whether or not a nurse has engaged in reportable conduct.

Report/Complaint forms are available through the Board of Nursing (BON) website at http://www.bon.state.tx.us under the Disciplinary Actions link; however, it is not necessary to have a form in order to report suspected violations of statutes or board rules by a nurse. In situations involving suspected chemical impairment, mental illness, or diminished mental capacity in conjunction with suspected or known nursing practice violations, the NPA section 301.410(b) requires that the nurse be immediately reported to the BON. Impairment that involves criminal conduct must also be reported to the board. A nurse who does not fit into the aforementioned categories and who wishes to seek assistance voluntarily may contact the Texas Peer Assistance Program for Nurses (TPAPN) at 512/467-7027 or 1-800-288-5528, in lieu of reporting him/herself to the Board.

INSTRUCTIONS FOR COMPLETING THE ATTACHED COMPLAINT FORM

The written complaint should include the following:

a. The nurse’s license number and/or social security number. If available, the following are also helpful: date of birth, home address, home phone number, and a correct spelling of the nurse’s full name.

b. A detailed summary of each alleged violation of the NPA. Include the date of each alleged incident and, if applicable, the medical record number or full name of each patient involved. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended in 2002, the Texas Board of Nursing has authorized access to private health information in order to conduct its health oversight activities.

c. The full names of any witnesses who were present, and if possible, their contact information (including phone and/or e-mail addresses).

d. In accordance with NPA section 301.410, the following provisions apply to reporting a nurse who may be impaired by reason of a substance use disorder, mental illness, or diminished mental capacity:

(1) A person who is required to report a nurse because the nurse is impaired or suspected of being impaired by chemical dependency, substance use disorder, or mental illness may report to the
Texas Peer Assistance Program for Nurses (TPAPN) [approved by the Board under Chapter 467, Health and Safety Code] instead of reporting to the Board or requesting review by a nursing peer review committee. It is not appropriate to peer review a nurse whose practice is suspected of being impaired.

(2) A person who is required to report a nurse because the nurse is impaired or suspected of being impaired by chemical dependency, substance use disorder, or diminished mental capacity must report to the board if the person believes that the impaired nurse committed a practice violation.

It may be helpful to review the board’s Disciplinary Sanction Policy on chemical dependency and substance use disorders ([http://www.bon.state.tx.us/disciplinaryaction/pdfs/chemical.pdf](http://www.bon.state.tx.us/disciplinaryaction/pdfs/chemical.pdf)) under the Disciplinary Actions link from the BON home page.

e. Signature and contact information of the person filing the complaint. Pursuant to Section 301.417(a) of the Nursing Practice Act, the Texas Board of Nursing does not disclose the identity of a complainant.

Submit the completed complaint form to:
Texas Board of Nursing
Attn: Anthony Diggs, MSCJ, Director
   Enforcement Division
   333 Guadalupe #3-460
   Austin, Texas 78701-3944
   (512) 305-6838
   Fax: (512) 305-6870

Complaints can also be made by contacting the Health Professions Council Complaint line at 1-800-821-3205.

The caller will be provided with a complaint form to complete and return to the BON office.
1. Information about the Nurse being reported:

FULL NAME______________________________  LICENSE NUMBER________________

SOCIAL SECURITY #________________________  DATE OF BIRTH____________________

PHONE #_______________________________

EMPLOYER_____________________________________

EMPLOYER’S ADDRESS _____________________________________________

EMPLOYER’S PHONE #______________________

2. Incident/Conduct Being Reported (If more space is needed attach additional sheets.)

DATE(S) OF INCIDENT_________________________  TIME_________  FACILITY/UNIT__________

______________________________________________________________

PATIENT IDENTIFIER____________________________________________

INCIDENT/CONDUCT______________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
3. WITNESSES(S)
(Describe briefly what each witness knows about the incident/conduct. If more space is needed attach additional sheets.)

(1) Name_______________________________________ Title_______________________________________

Phone/E-mail:______________________________________________________________

(2) Name_______________________________________ Title_______________________________________

Phone/E-mail:______________________________________________________________

(3) Name_______________________________________ Title_______________________________________

Phone/E-mail:______________________________________________________________

4. COMPLAINANT INFORMATION

NAME_______________________________________ PHONE # __________________________

ADDRESS______________________________________________________________

CITY__________________________________________STATE___________ZIP______________

E-MAIL______________________________________________________________

______________________________________________________________

Signature                                      Date

A6 - Revised 05/2011