

## **TEXAS BOARD OF NURSING**

### **Individual's/Patient's Complaint Form**

The Nursing Practice Act (NPA), 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 or Board) 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 BON website at <http://www.bon.texas.gov> under the Discipline & Complaints 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.

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.

If applicable, it may be helpful to review the board's policy on Disciplinary Sanctions Regarding Substance Use Disorders and Other Alcohol and Drug Related Conduct, which is available in the Board Policies and Guidelines section under the Discipline & Complaints drop-down menu on the BON home page or can be accessed directly at [https://www.bon.texas.gov/pdfs/disciplinary\\_sanction\\_policies\\_pdfs/Substance-Use-Disorders.pdf](https://www.bon.texas.gov/pdfs/disciplinary_sanction_policies_pdfs/Substance-Use-Disorders.pdf).

## **INSTRUCTIONS FOR COMPLETING THE ATTACHED COMPLAINT FORM**

The written complaint should include the following:

- (1) 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.
- (2) 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 & date of birth of each patient involved. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended in 2002, the BON has authorized access to private health information in order to conduct its health oversight activities.
- (3) The full names of any witnesses who were present, and their contact information (including direct dial phone numbers, mailing addresses, and/or email addresses), if possible.
- (4) 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**

Attention: Anthony Diggs, MSCJ, Director

Enforcement Division

333 Guadalupe Street, Suite 3-460

Austin, Texas 78701-3944

(512) 305-6838

Fax: (512) 305-6870

Complaints may 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.

**INDIVIDUAL'S COMPLAINT FORM  
TO THE TEXAS BOARD OF NURSING  
REGARDING VIOLATIONS**

*of the*

**NURSING PRACTICE ACT, OTHER STATUTES, and BOARD RULES**

**PLEASE PRINT LEGIBLY**

**(1) INFORMATION ABOUT THE NURSE BEING REPORTED**

FULL NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NURSE'S PHONE #: \_\_\_\_\_

NURSE'S EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE #: \_\_\_\_\_

**(2) INCIDENT/CONDUCT BEING REPORTED (IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS)**

DATE(S) OF INCIDENT(S): \_\_\_\_\_ TIME: \_\_\_\_\_ FACILITY/UNIT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PATIENT'S NAME & DATE OF BIRTH OR OTHER IDENTIFIER:

\_\_\_\_\_

INCIDENT/CONDUCT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**(3) WITNESS INFORMATION**

(Describe briefly what each witness saw, heard, or knows about the incident/conduct. If more space is needed, attach additional sheets.)

(1) Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Direct Dial Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Description of what this person saw, heard, or knows about the incident/conduct:  
\_\_\_\_\_

(2) Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Direct Dial Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Description of what this person saw, heard, or knows about the incident/conduct:  
\_\_\_\_\_

(3) Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Direct Dial Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Description of what this person saw, heard, or knows about the incident/conduct:  
\_\_\_\_\_

**(4) COMPLAINANT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date