



South Carolina  
Department of Labor, Licensing and Regulation



Synergy Business Park  
110 Centerview Drive  
P.O. Box 11329  
Columbia, South Carolina  
29211-1329

Office of Investigations and Enforcement  
Board of Nursing

Telephone: (803) 896-4470  
Fax: (803) 896-4656

### Complaint Form

*Please type or print legibly.*

#### Complainant Information

(Individual filing complaint)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_

What is the best way to reach you?  Daytime Phone  Evening Phone  E-mail: \_\_\_\_\_

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#### Respondent Information

(Individual the complaint is filed against)

Board or Profession: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Please list all witnesses, providing names, addresses, and telephone numbers.

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