



Office of Investigations and Enforcement

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Board of Nursing

SUPPLEMENTAL COMPLAINT FORM FOR SUSPECTED DIVERSION OR SUBSTANCE ABUSE

Complaint Reported Against

Name and position of person making report: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_  Self-Report

Current Employment Status:

Suspended?  Yes  No Terminated?  Yes  No

Were they referred to Recovering Professionals Program?  Yes  No

Did they make contact with Recovering Professionals Program?  Yes  No

Is the employee aware of the facility's investigation?  Yes  No

Home Street Address: \_\_\_\_\_

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

Title: \_\_\_\_\_ License No.: (If known) \_\_\_\_\_

Licensed by another state's Board of nursing: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Facility Information

Name of the Facility: \_\_\_\_\_

Name and Title of Person Reporting: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Was the theft or loss reported to DHEC?  Yes  No

If Yes, who was the DHEC contact person? \_\_\_\_\_

Date of Report: \_\_\_\_\_

Please provide the name, title, address, telephone number, and email of person at your facility who accepts subpoenas: \_\_\_\_\_

Complaint Details

1. For controlled substance loss, theft, or documented diversion, please describe the facts of your complaint regarding the substance abuse/impairment issue being reported addressing the following issues:

- a. The nature of the complaint: \_\_\_\_\_

