

Office Use Only

Allegation #:

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems
 Health Facility Licensing, Permits, and Support Division
 P.O. Box 30664
 Lansing, MI 48909
 Phone: (517) 335-1980 FAX: (517) 241-3354
 Email: BCHS-Complaints-Nurse-Aides@michigan.gov

CERTIFIED NURSE AIDE (CNA) - ALLEGATION FORM**INSTRUCTIONS:** Complete all sections of this form. Return the form to the address above.

Information About You		Allegation Being Filed Against	
First and Last Name		Nurse Aide's First and Last Name	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Phone Number	Email Address	Phone Number	
Resident's Name		Nursing home where incident occurred	
Resident's Date of Birth (MM/DD/YY)		Incident Date	
Check the box for which you are lodging an allegation about:			
Abuse		Neglect	Misappropriation of Property
Is there a police report? Yes No			
Will you testify at an Administrative Hearing if necessary? Yes No			
Describe the circumstances, including dates that relate to the alleged violation by the CNA. <i>(Attach additional sheets if necessary.)</i>			
Print Name (This acts as your electronic signature)			Date

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc.