

Office Use Only
 Allegation #:

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems
 Health Facility Licensing, Permits, and Support Division
 Phone: (517) 284-8961
 Email: BCHS-Complaints-Nurse-Aides@michigan.gov

ALLEGATION FORM

**Nurse Aide Trainer/Training Program
 Medication Aide Trainer/Training Program**

INSTRUCTIONS: Complete all sections of this form and send to the email address above.

Information About You		Allegation Being Filed Against	
First and Last Name		Trainer's First and Last Name or Training Program Name	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Phone Number	Email Address	Phone Number	
Incident Date		Location where incident occurred	
Check the box for which you are lodging an allegation about:			
<input type="checkbox"/> Nurse Aide Trainer	<input type="checkbox"/> Nurse Aide Training Program	<input type="checkbox"/> Medication Aide Trainer	<input type="checkbox"/> Medication Aide Training Program
Is there a police report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you testify at an Administrative Hearing if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe the circumstances, including dates that relate to the alleged violation by the trainer or training program. <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.