



Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

NURSING EDUCATION DISSATISFACTION FORM

The information reported on this form will be reviewed by Board staff to enforce the requirements of Chapter 4723-5 Ohio Administrative Code. This form will be available to the public and will be maintained in the Board's offices in accordance with its records retention policy.

Directions: Print out this form, complete (please print) and return the completed form to the above address
ATTN: EDUCATION, OR FAX TO 614-466-0388.

General Information:

Today's date _____

Name of Person Submitting Report: _____

Title (e.g. student, parent, faculty): _____

Home Address: _____
Address City State Zip code

Email Address: _____

Home phone: (____) _____ Best time to be reached: _____

Reported Program Information:

Program Name: _____

Program Address: _____
Address City State Zip code

Program Phone: (____) _____

1. Have you attempted to resolve this issue/concern in accordance with the Program's grievance and/or appeal policy? No ____ Yes _____. If yes, please describe the outcome of the grievance and/or appeal in the space below. Attach any additional pages as needed.
2. Does your concern involve the actions or inactions of an individual who holds a nursing license or certificate issued by the Ohio Board of Nursing? No ____ Yes _____. If yes, please obtain and submit a licensee Complaint form from the Board's Website in the "FORMS" section and submit the **confidential** information as instructed on the form.
3. Provide a narrative description of your concern regarding the nursing education program that you believe is not in accordance with Chapter 4723-5 OAC. Include specific examples of events that have occurred.