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LICENSE/CERTIFICATE HOLDER'S REQUEST FOR COPY OF COMPLAINT

I _____, request a copy of the complaint filed against my

I understand the Board reserves the right to redact information regarding the identity of the complainant's or witness information if there is potential risk to the complainant or witnesses should the identities be disclosed.

I understand that a copy of the complaint is provided to me in confidence to assist in my responding to the complaint and may not be disclosed or provided to any other person except to an attorney or an attorney's employee who I have consulted or retained for legal representation in connection with the Board of Nursing's investigation.

I understand that pursuant to A.R.S. § 32-1664 (M) and (N), disclosure of the information contained in the complaint documents received from the Board constitute a violation of the Nurse Practice Act and may result in disciplinary action.

LICENSE/CERTIFICATE HOLDER'S SIGNATURE

DATE

CONSULTANT INITIAL: (Case No.: _____) (_____) _____

DATE: _____