

Nursing Student Complaint Form

The Missouri State Board of Nursing (Board) is responsible for responding to formal complaints against pre-licensure nursing programs, approved by the Board, that operate under institutional sponsorship of public, independent, private, non-for-profit and proprietary institutions of higher learning in Missouri. While the Board has limited authority over colleges and universities, and cannot offer legal advice or initiate civil court cases, Board staff will review submitted complaints and work with student complainants and nursing programs.

- **Discrimination:** If a student believes that an institution/nursing program has acted in a discriminatory manner, he/she may wish to contact the Missouri Commission on Human Rights at 573-751-3325
- **Financial Aid:** If a student has been denied financial aid, an appeal may be filed or questions may be directed to the Missouri Coordinating Board of Higher Education at 800-473-6757
- **Law Violations:** If a student believes that a college or university has violated state or federal law, he/she may wish to contact the Missouri Attorney General's Office at 573-751-3321

After filing a complaint with the Missouri Commission of Human Rights, the Missouri Coordinating Board of Higher Education and/or the Missouri Attorney General's Office without resolution, the student may still hire an attorney and adjudicate the complaint through the court system.

- **Other Complaints:** Within two (2) years of the incident about which the student is complaining, he/she must contact the Missouri State Board of Nursing (Board) using the complaint form. Please note that the Board's authority for resolution of complaints related to course grades, academic sanctions or discipline/conduct matters is limited. It is the expectation of the Board that nursing programs follow policies set in place by their institutions.

Please follow the steps outlined below to submit a complaint:

- Step 1. If a student has concerns related to classroom, lab or clinical situation(s) or administrative actions, he/she should contact the faculty or staff member(s) with whom he/she has a conflict. It may be possible to resolve the concerns without the need for formal action. However, if the student's complaint is not resolved satisfactorily, or if the complaint cannot be resolved by contacting faculty or staff member(s), the student may proceed to Step 2.
- Step 2. The student may file a complaint through his/her nursing program/institution's established complaint or appeal process. Information on the process can usually be found in the nursing program's student handbook and/or the sponsoring institution's academic catalog, student handbook or website. If the student is unable to resolve the complaint in this manner, he/she may proceed to Step 3.
- Step 3. After receiving a complaint through the complaint process, using the form provided, Missouri State Board of Nursing (Board) staff will review submitted materials and contact the submitter for any required additional information or clarification. Board staff will then send a copy of the complaint documents or a summary of the complaint to the nursing program against which the complaint has been filed and ask for a response within four (4) weeks. After receiving the nursing program's response, Board staff will determine whether the nursing program/institution's student complaint process has been followed and exhausted and what additional steps or follow-up may be taken. The Board will then review the complaint and supporting documentation. Additional steps or follow-up may be necessary. The Board will inform both parties involved in the complaint.

For additional questions about the complaint process, or for clarification if a complaint is reviewable by the Missouri State Board of Nursing, please contact Board staff at nursing@pr.mo.gov



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
NURSING STUDENT COMPLAINT FORM

MAILING ADDRESS:
 STATE BOARD OF NURSING
 PO BOX 656
 JEFFERSON CITY, MO 65102-0656
 (573) 751-0080
 Email: nursing@pr.mo.gov
 Website: <http://pr.mo.gov/nursing.asp>

DELIVERY ADDRESS:
 3605 MISSOURI
 BOULEVARD
 JEFFERSON CITY, MO 65109

INSTRUCTIONS

1. Please note that the Missouri State Board of Nursing does not act on anonymous complaints.
2. All fields of the complaint form below must be completed.
3. Please attach any documents that support your complaint and/or show that you have gone through your nursing program/institution's complaint procedure. You may email or mail this form and supporting documentation to the address above.
4. Questions pertaining to this form should be directed to 573-751-0080.

COMPLAINANT INFORMATION

NAME OF COMPLAINANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

How do you prefer to be contacted? Telephone Email No Preference

If Board staff members need to contact you via telephone, may they leave a message or voicemail? Yes No

Affiliation with the college or university named below:

Current student Former Student Parent/Guardian of Current/Former Student

Other: _____

CERTIFICATE/DIPLOMA/DEGREE LEVEL OF THE NURSING PROGRAM

DATE OF ATTENDANCE AT THE INSTITUTION/NURSING PROGRAM (MM/DD/YYYY)

START:

END:

Have you gone through the institution's formal complaint process? Yes No

If you answered "Yes", please submit documentation showing that you have exhausted your appeals at the institutional level. Please see the instruction page for direction on how to submit such documentation.

If you answered "No", please explain in your detailed complaint description why you were unable to complete the complaint process. Note that the Board will normally only address complaints after a student has exhausted his/her appeals at the college or university level.

SCHOOL INFORMATION

NAME OF INSTITUTION/NURSING PROGRAM

LOCATION OF INSTITUTION/NURSING PROGRAM (CITY AND STATE)

COMPLAINT

PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL, INCLUDING THE NAMES OF ANY COLLEGE OR UNIVERSITY FACULTY OR STAFF YOU SPOKE TO ABOUT THE COMPLAINT. PLEASE INCLUDE TITLES AND CONTACT INFORMATION FOR THE INDIVIDUALS YOU MENTION, IF ANY. ATTACH ADDITIONAL SHEETS AS NEEDED.

HOW WOULD YOU LIKE YOUR COMPLAINT TO BE ADDRESSED? PLEASE NOTE THAT THE BOARD'S AUTHORITY FOR RESOLUTION OF COMPLAINTS RELATED TO COURSE GRADES, ACADEMIC SANCTIONS OR DISCIPLINE/CONDUCT MATTERS IS LIMITED. IT IS THE EXPECTATION OF THE BOARD THAT NURSING PROGRAMS FOLLOW THEIR POLICIES AND PROCEDURES.

Will you be submitting additional documentation, such as emails from school officials, transcripts, course syllabi, contracts, brochures, catalogs and/or tuition bills, which substantiate your complaint? Yes No

By submitting this form, I affirm that I am a current or former student of the institution named above or the parent or guardian of a current or former student of that institution who is currently under the age of eighteen (18) and is under my legal guardianship. I agree to allow the Missouri State Board of Nursing to submit a copy of my complaint and supporting materials to the above named institution/nursing program for a response. I further authorize the institution/nursing program to transmit student records related to me or the individual(s) under my guardianship affected by the institution's actions to the Board for review. I understand that I may have to submit an additional release to the institution. I certify that the information I have provided to the Board is complete, true and correct to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

PRINTED NAME