



## Nursing Home Administrator Program Complaint Form

<u>Name of Complainant:</u>	<u>Contact Information:</u>
<u>Date Referred:</u>	<u>NHA License Number:</u>
<u>NHA Name and Contact Information:</u>	
<u>Incident location:</u>	
<u>Incident Date:</u>	<u>Time of Incident:</u>
<u>Patient/ Resident Name:</u>	<u>Witnesses and Identified Persons:</u>
<u>Allegation Summary:</u>	

<u>Additional Information:</u>	
<b>FOR NHAP OFFICE USE ONLY</b>	
<u>Investigator:</u>	<u>NHA Expiration Date:</u>
	<u>District Office:</u>

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Nursing Home Administrator Program  
 P O Box 997416, MS 3302  
 Sacramento, CA 95899-7416  
 916 636 6108  
 E-mail Address: [NHAP@cdph.ca.gov](mailto:NHAP@cdph.ca.gov)