

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) 335-1980
[Email: BCHS-Complaints-Nurse-Aides@michigan.gov](mailto:BCHS-Complaints-Nurse-Aides@michigan.gov)

ALLEGATION FORM

CERTIFIED NURSE AIDE (CNA) CERTIFIED MEDICATION AIDE (CMA)

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

Information About You		Allegation Being Filed Against	
First and Last Name		Nurse/Medication Aide's First and Last Name	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Phone Number	Email Address	Phone Number	
Resident/Patient Name		Facility/Location where incident occurred	
Resident/Patient Date of Birth (MM/DD/YY)		Incident Date	
Check the box for which you are lodging an allegation about:			
<input type="checkbox"/> Certified Nurse Aide		<input type="checkbox"/> Certified Medication Aide	
Is there a police report? Yes No			
Will you testify at an Administrative Hearing if necessary? Yes No			
Describe the circumstances, including dates that relate to the alleged violation by the CNA/CMA. <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.