

Person Making Complaint			
Your Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (first) (middle) (last) </div>			
Your Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (street) (city) (state) (zip) </div>			
Home Telephone: (____) _____		Work Telephone: (____) _____	
E-mail address: _____			
Licensed Nursing Home Administrator You're Complaining About			
Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (first) (middle) (last) </div>			
Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (street) (city) (state) (zip) </div>			
Telephone: (____) _____		Facility: _____	
Where did the conduct take place? _____			
On what date did the conduct occur? ____/____/____		At what time: ____:____ AM/PM	
Who witnessed or has knowledge of the conduct you are complaining about? <i>(please list names and phone number with a description of what was observed in the detail section below)</i>			
Please explain your relationship to the person you are complaining about.			

Have you spoken to the person you are complaining about? ☐ Yes ☐ No

[illegible]

Printed Name: _____

**Submit by mail to: BELTSS
246 N. High St., 1st Fl
Columbus, Oh 43215**

You can also submit by FAX (614) 466-0271, or via email to, jcunningham@age.ohio.gov