



Office of Investigations and Enforcement

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Board of Nursing

SUPPLEMENTAL COMPLAINT FORM FOR SUSPECTED DIVERSION OR SUBSTANCE ABUSE

Complaint Reported Against

Name and position of person making report: _____

Name of Licensee: _____ Self-Report

Current Employment Status:

Suspended? Yes No Terminated? Yes No

Were they referred to Recovering Professionals Program? Yes No

Did they make contact with Recovering Professionals Program? Yes No

Is the employee aware of the facility's investigation? Yes No

Home Street Address: _____

City: _____ State: _____ Zip: _____

Title: _____ License No.: (If known) _____

Licensed by another state's Board of nursing: _____

Date of Report: _____

Facility Information

Name of the Facility: _____

Name and Title of Person Reporting: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax: _____

Email: _____

Was the theft or loss reported to DHEC? Yes No

If Yes, who was the DHEC contact person? _____

Date of Report: _____

Please provide the name, title, address, telephone number, and email of person at your facility who accepts subpoenas: _____

Complaint Details

1. For controlled substance loss, theft, or documented diversion, please describe the facts of your complaint regarding the substance abuse/impairment issue being reported addressing the following issues:

- a. The nature of the complaint: _____

b. The type and amount of medication lost or diverted and approximately when this activity occurred:

c. The type of dispensing system in place: _____

d. The nursing personnel potentially associated with this complaint and why: _____

e. Any witnesses there may have been to the loss, theft, or possible impairment: _____

f. The results of the facility review, including statements of patients and staff regarding the suspect's behavior and nursing practice including documentation of assessment of need for the controlled substance, its administration, and documentation of administration: _____

g. The existence of any reports or memoranda of investigation prepared regarding this matter:

2. Was the person suspected of diversion or substance abuse confronted? Yes No

If the answer to this question is "yes," by whom? Did the person admit to the allegations of diversion or substance abuse? Please provide a copy of any written statement of admission by the nurse, the incident report or an affidavit: _____

3. Was the person suspected of diversion of substance abuse asked to take a drug screen? Did they comply? If so, what was the date of the screen and what were the results? Please provide a copy of any drug screen results obtained: _____

Signature of Person Reporting

Date