HOW TO HANDLE COMPLAINTS UNDER 135-X-8-.01

1. Shall be in writing and made to the Board.

2. The investigative committee (probable cause committee) shall investigate the complaint and determine if the complaint needs to be dismissed or further disciplinary action needs to be taken.

3. If the investigative committee determines that further disciplinary action needs to be taken, the investigative committee may recommend:
   a. Refuse an applicant’s license,
   b. Suspend a licensee’s license,
   c. Revoke an applicant/licensee’s license, or
   d. Reprimand the individual, or
   e. Other disciplinary action, including a fine per violation; not to exceed $1,000

4. The investigative committee must submit its recommendation to the Board to make the disciplinary action.

5. The applicant or licensee shall receive written notice of the decision and has 30 days to request a hearing or rehearing.

6. If the applicant/licensee requests a hearing, it shall be held before a quorum of the Board or, with the consent of the applicant, before an Administrative Law Judge (ALJ) or before less than a quorum of the Board.

7. If the ALJ makes the decision, the board can agree with the decision, accept the decision, or reject the decision. The Board must act on the ALJ’s order within 30 days of the order being issued.

8. The applicant/licensee affected by the Board’s decision to suspend, revoke, or refuse to issue a license can appeal the decision to the circuit court within 30 days of notice by the Board of its decision.

9. “The Board shall report to the Department of Public Health all final disciplinary actions taken under this section.”
   BOE/ALA Reg. 135-x-8(13)
State of Alabama Board of Examiners of Assisted Living Administrators
Recommended Complaint Form

Case No.: (for BOEALA use only) ________________________________________________

*Complainant/Resident Name____________________________________________________ (This is the person or individual making the complaint)

Address ______________________________________________________ _________

City __________________ State __________ Phone (          )___ __________________

Administrator Name ____________________________________ Title: ___________________ (Name of the licensee being complained about)

Administrator’s Place of Employment ______________________________________________

Phone Number (        ) ___________________ License Number (if known)_________________

Who has been notified of this complaint? Ombudsman, Police, ADPH, Owner or Other

If Other: (Please Explain) _______________________________________________________

Place of Occurrence ___________________________________________________________

Date of Occurrence ________________ Time of Occurrence ________________

Details of the complaint: (Attach Relevant Documents) ________________________________

____________________________________________________________________________

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____________________________________________________________________________

Please attach additional sheets if necessary.
List Names, Address and Telephone Numbers of other people who know of this possible violation.
I certify that ALL information that I have provided herein is true and correct to the best of my knowledge.

_________________________________          __________________________ _________
Signature                      Date

Please return this to:
Alabama Board of Examiners of Assisted Living Administrators
Attn: Executive Director
2740 Zelda Road, Suite 3B
Montgomery, AL  36106
(334) 271-2418