



State of Alabama Board of Examiners of Assisted Living Administrators

5921 Carmichael Road
Montgomery, Alabama 36117
www.boeala.state.al.us

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Executive Director

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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:
 - a. Refuse an applicant's license,
 - b. Suspend a licensee's license,
 - c. Revoke an applicant/licensee's license, or
 - d. Reprimand¹ the individual, or
 - e. Other disciplinary action, including a fine per violation
 4. The investigative committee must report the decision to the Board.
 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)
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**State of Alabama Board of Examiners of Assisted Living Administrators
Recommended Complaint Form**

Offense _____ Case No. _____

*Complainant/Victim _____

Address _____

Race _____ Sex _____ Age _____ DOB _____ Other _____

Administrator Name _____ License No. _____

Date of Licensure _____ Renewal Date _____

Facility Name _____

Facility Address _____

Home Address _____

Place of Occurrence _____

Date of Occurrence _____ Time of Occurrence _____

Person Reporting Incident _____ Date Reported _____

Details of Incident (Describe) _____

Witness (1) _____

Address _____

Telephone (W) _____ (H) _____

Relationship to Complainant/Victim _____

Witness (2) _____

Address _____

Telephone (W) _____ (H) _____

Relationship to Complainant/Victim _____

Witness (3) _____

Address _____

Telephone (W) _____ (H) _____

Relationship to Complainant/Victim _____

Statements from Witnesses _____

Please attach additional sheets as necessary.

Alabama Board of Examiners of Assisted Living Administrators
5921 Carmichael Road
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