



State of Alabama Board of Examiners of Assisted Living Administrators

60 Commerce, Suite 1440
Montgomery, Alabama 36104
www.boeala.alabama.gov

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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 recommend:
 - 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; 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)
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**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) _____

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 Administrator
Attn: Executive Director
60 Commerce Street Suite 1440
Montgomery, AL 36104
(334) 239-7044