STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

Health Facility Reporting Form
Required by Section §805 of the Business and Professions Code

REPORTING ENTITY (Check One)

Type of Facility: _____
(i.e. Hospital, Skilled Nursing Facility, Home Health, etc.)

Name of Person Preparing Report	Phone Number	Email Address	
Chief Executive Officer/Medical Director/Administrator	Phone Number	Email Address	
Facility Name and Address	City	State	Zip Code

LICENTIATE (Check One) ☐ Nurse Practitioner ☐ Nurse Midwife

Name	License Number

PATIENT AND INCIDENT INFORMATION

Patient Name	Phone Number	Email Address	
Patient Address	City	State	Zip Code
Date the allegations of sexual abuse and/or sexual misconduct were reported by the patient or patient's legal representative in writing to entity.			Date (mm/dd/yyyy)

Provide details of the reported incident. Attach additional pages if necessary.

Attach a copy of the patient's (or legal representative) written report filed with the entity.

Signature of Person Preparing Report	Date

(Created 01/26/2021)

SUBMIT FORM

Submit the completed form by clicking on the button above or email to:
Enforcement.BRN@dca.ca.gov