

**STEPHEN F. AUSTIN STATE UNIVERSITY
SCHOOL OF NURSING
NOTICE OF COMPLAINT – FORM B**

Date: _____

To: _____

From: Standards Committee (Peer Review Committee), School of Nursing, Stephen F. Austin State University, Nacogdoches, Texas

You are hereby notified that your professional nursing practice is being evaluated by the peer review committee of Stephen F. Austin State University. The result of this evaluation MAY OR MAY NOT be reportable to the Texas Board of Nursing.

A hearing, not sooner than 21 calendar days and not more than 45 calendar days from date of this notice, will be held:

Time: _____

Date: _____

Place: _____

You have the right to participate in this process if you choose. You have the right to be accompanied to the hearing by a nurse peer or attorney.

If you retain an attorney, you must notify the Standards Committee at least seven (7) days before the hearing, which is _____.
(Last Date for Notification)

The Standards Committee _____ does or _____ does not plan to be represented by an attorney.

This notice is accompanied by:

1. A written copy of the professional review plan, policies and procedures of the Standards Committee (Peer Review Committee) of the School of Nursing, Stephen F. Austin State University;
2. A copy of Rule 217.19 of the Texas Board of Nursing;
3. A description of the event(s) to be evaluated, including date(s), time(s), location(s), and individual(s) involved;

Discovery:

