



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502) 564-3296, ~ <http://bmt.ky.gov>

FORM TO FILE A COMPLAINT

INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. No fee is required to be submitted with this form.
3. Attach continuation sheets if more space is needed to provide information.
4. Refer to 201 KAR 42:050
5. This completed form may be submitted to the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

PERSON FILING COMPLAINT

Complainant Name			Date of Complaint
Street Address	City	State	Zip Code
Home Telephone Number	Cell Telephone Number	Email Address	

CLIENT INFORMATION

(If different from the person filing the complaint.)

Name			
Street Address	City	State	Zip Code
Home Telephone Number	Cell Telephone Number	Email Address	

NAME AND PHONE NUMBER OF PERSONS WHO MAY PROVIDE ADDITIONAL INFORMATION

Name		Relationship to Complainant	
Telephone Number	Email Address	Type of Additional Information to be Provided	
Name		Relationship to Complainant	
Telephone Number	Email Address	Type of Additional Information to be Provided	
Name		Relationship to Complainant	
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BRIEF SUMMARY OF COMPLAINT

Please be specific as possible regarding names, dates, locations, and action which you believe to be improper, unethical or unprofessional. Please attach copies of any documents or records pertinent to your complaint.



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CERTIFICATION

I certify that the information provided on this form as submitted to the Kentucky Board of Licensure for Massage Therapy is true and correct in its entirety.

Complainant Signature

Date

FOR OFFICE USE ONLY

Date Received:	
Case Number:	
LMT License #:	



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Date Closed:	
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