

KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, KY ~ 500 Mero St, 2 SC 32, Frankfort, KY 40601 Ph: (502) 782-8808 - Fax: (502) 564-4818 - https://bmt.ky.gov

UNLICENSED ACTIVITY REPORT

INSTRUCTIONS

- 1. This form must be typed or printed legibly and completed in its entirety.
- 2. Attach continuation sheets if more space is needed to provide information.
- 3. Refer to 201 KAR 42:050
- 4. 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 500 Mero St, 2 SC 32, Frankfort, KY 40601.

PERSON FILING COMPLAINT

Complainant Name				Date of Complaint	
Street Address		City	State	Zip Code	
Home Telephone Number		Cell Telephone Number		Email Address	
🗌 I prefer to remain a	inonymous.				
	OFFENDING	G INDIVIDUAL AND / OR BUSIN	IESS		
Name					
Street Address		City	State	Zip Code	
Home Telephone Numl	ber	Cell Telephone Number		Email Address	
Name		ROVIDE ADDITIONAL INFORM			
Telephone Number	Email Address	Type of Additional Info	ormation to be Pro	ovided	
Name		Relationship to Complainant			
Telephone Number	Email Address	Type of Additional Info	Type of Additional Information to be Provided		
Name		Relationship to Complainant			
Telephone Number	Email Address	Type of Additional Info	ormation to be Pro	ovided	
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BRIEF SUMMARY OF COMPLAINT

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



06/2021

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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 #:				
Date Closed:				

