



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>

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 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 _____

I prefer to remain anonymous.

OFFENDING INDIVIDUAL AND / OR BUSINESS

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 _____

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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: | |