



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, KY ~ 500 Mero St, 2 SC 32, Frankfort, KY 40601

Ph: (502) 782-8810 – Fax: (502) 564-4818 – <https://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 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 _____

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 _____

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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 #:

Date Closed: