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## KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, <u>KY[Kentucky 40602]</u> ~ <u>500 Mero St, 2 SC 32,[911 Leawood-Drive,]</u>Frankfort, <u>KY[Kentucky]</u> 40601 <u>Ph:</u> (502) 782-<u>8810[8808]</u> –<u>Fax:</u> (502) 564-4818 <u>http://bmt.ky.gov</u>

### 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,[911 Leawood Drive,] Frankfort, KY[Kentucky] 40601.

#### PERSON FILING COMPLAINT

Complainant Name				Date of Complaint	
Street Address		City		Zip Code	
Home Telephone Number	Cell Telephone Number			Email Address	
	(If different	CLIENT INFORMATION from the person filing the compla	int <b>.)</b>		
Name					
Street Address		City	State	Zip Code	
Home Telephone Number		Cell Telephone Number		Email Address	
		D PHONE NUMBER OF PERSO ROVIDE ADDITIONAL INFORMA			
Name		Relationship to Compl	ainant		
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 Compl	ainant		
Telephone Number	Email Address	Type of Additional Info	Type of Additional Information to be Provided		
<u>06/2021[01/2011]</u>				Vontuckii	

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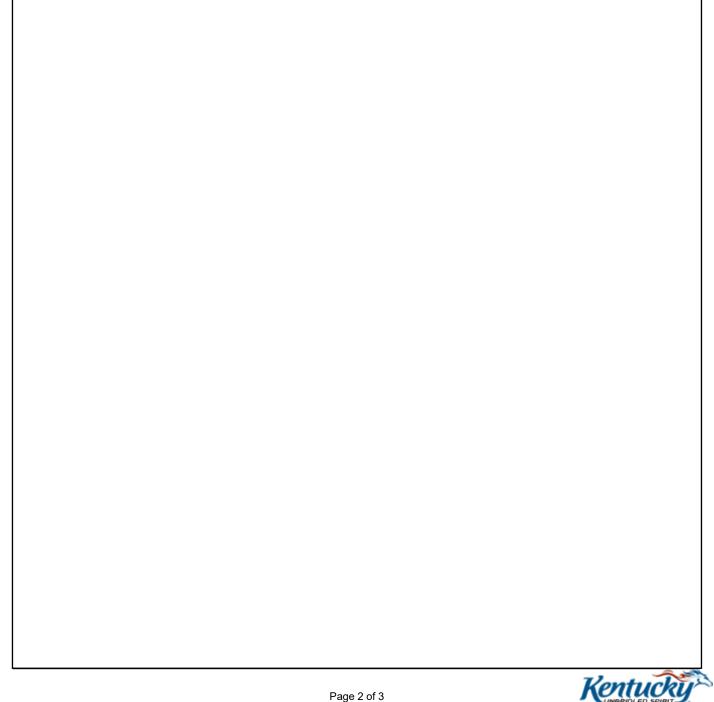
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## FORM TO FILE A COMPLAINT

#### **BRIEF SUMMARY OF COMPLAINT**

Please be specific as possible	regarding names,	dates, locations,	and action whic	h you believe	to be improper,
unethical or unprofessional.	Please attach cop	ies of any docum	nents or records	pertinent to $v$	our complaint.







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FORM TO FILE A COMPLAINT						
		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					
Complainant Signature Date						
-						
	Data Danahardi	FOR OFFICE USE ONLY				
	Date Received: Case Number:					
	LMT License #:					
	Date Closed:					

