



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, KY [Kentucky] 40602 ~ 500 Mero St, 2 SC 32, [911 Leawood Drive,]
Frankfort, KY [Kentucky] 40601 Ph: (502) 782-8810[8808] Fax: (502) 564-4818[(502) 564-
3296,] <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, [911 Leawood Drive,] Frankfort, KY [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 |
| Name | | Relationship to Complainant |
| Telephone Number | Email Address | Type of Additional Information to be Provided |

06/2021[04/2014]



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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: | |

