

Complaint No: \_\_\_\_\_

Date Received: \_\_\_\_\_

## KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

### Complaint Form

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name of KY Professional Counselor your complaint is against: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you filed this complaint with other agencies?  Yes  No. If yes, list the agencies:

## Brief Summary of Complaint

Please attach copies of any supporting documentation pertaining to the complaint. (A copy of your complaint will be sent to the counselor asking for a response. Your complaint and response will be presented to the board at the next scheduled meeting.)

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Send to: KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS  
PO BOX 1360  
FRANKFORT, KY 40601**

**Phone: (502)564-3296  
Fax: (502)564-4818**