

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**