**COMPLAINT FORM**

**NOTE: THE COMPLAINT MUST BE IN WRITING AND SIGNED BY THE PERSON OFFERING THE COMPLAINT. 201 KAR 36:050.**

**COMPLAINANT INFORMATION**

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| --- |
| Complainant Name: |
|  |  |  |  |
| Mailing Address: Street | City: | State: | Zip Code: |
| ( )Telephone Number: | Email Address: |

**RESPONDENT INFORMATION**

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| --- |
| **KY Professional Counselor Your Complaint is Against**: |
|  |  |  |  |
| Mailing Address: Street | City: | State: | Zip Code: |
| ( )Telephone Number: | Email Address: |

|  |  |
| --- | --- |
| Have you filed this complaint with other agencies?If yes, list the agencies: | [ ] YES [ ]  NO |
|  |

**BRIEF SUMMARY OF COMPLAINT**

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| Please attach copies of any supporting documentation pertaining to the complaint. NOTE: 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 following receipt of the response. Please note there must be enough evidence to warrant a formal investigation of the complaint. |
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## By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

|  |  |
| --- | --- |
| Signature (Required) : | Date: |
| Printed Name: |