Complaint No: _____ Date Received: _____

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Phone: ( ) - _____ Evening Phone: ( ) - _____

Patient Information

Name and Description: _____

Name of Occupational Therapist or Occupational Therapy Assistant

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Phone: ( ) - _____ Evening Phone: ( ) - _____

Name and phone number of person(s) who may provide additional information

1. Name: _____ Phone #: ( ) - _____ Type of Information: _____
2. Name: _____ Phone #: ( ) - _____ Type of Information: _____
3. Name: _____ Phone #: ( ) - _____ Type of Information: _____
3. Name: _____ Phone #: ( ) - _____ Type of Information: _____

Brief Summary of Complaint

(Please be specific as possible regarding names, dates, locations, and action which you believe to be improper, unethical or unprofessional. Please attach copies of any documents or records pertinent to your complaint.)

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

Signature: _____ Date: _____

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Send to:	**KY Board of Licensure for OT** **PO Box 1360** **Frankfort, KY 40602**	**Phone: (502)564-3296** **Fax: (502)564-4818**