DATE RECEIVED:	COMPLAINT NO.:	

KENTUCKY LICENSING BOARD OF PROSTHETICS, ORTHOTICS & PEDORTHICS Complaint Form

Person Filing Complaint

Name:			
Address:	City:	State:	Zip Code
Day Telephone: ()	Ever	ning Telephone:()	
		Information person filing complaint)	
Name:			
Address:	City:	State:	Zip Code
Day Telephone: ()	Ever	ning Telephone: ()	
Name of Name:	Licensed Prosthetist, C	rthotist, Pedorthist or	Orthotic Fitter
Address:	City:	State:	Zip Code
Day Telephone: ()			
Name and ph	one number of persons	who may provide add	itional information
1. Name	Telephone: ()	Type of Inform	nation
2. Name	Telephone: ()	Type of Inform	nation
3. Name	Telephone: ()	Type of Inform	nation
4. Name	Telephone: ()	Type of Inforn	nation

Brief Summary of Complaint (Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)

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 LICENSING BOARD OF PROSTHETICS, ORTHOTICS & PEDORTHICS

ATTN: COMPLAINT PROCESSING

PO BOX 1360

FRANKFORT KY 40602-1360

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