

DATE RECEIVED: _____

COMPLAINT NO.: _____

**KENTUCKY LICENSING BOARD OF PROSTHETICS, ORTHOTICS & PEDORTHICS
Complaint Form**

Person Filing Complaint

Name: _____

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

Day Telephone: () _____ Evening Telephone: () _____

Patient Information

(if different from person filing complaint)

Name: _____

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

Day Telephone: () _____ Evening Telephone: () _____

Relationship to person filing complaint:

Name of Licensed Prosthetist, Orthotist, Pedorthist or Orthotic Fitter

Name: _____

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

Day Telephone: () _____

Name and phone number of persons who may provide additional information

1. Name _____ Telephone: () _____ Type of Information _____

2. Name _____ Telephone: () _____ Type of Information _____

3. Name _____ Telephone: () _____ Type of Information _____

4. Name _____ Telephone: () _____ Type of Information _____

