KENTUCKY BOARD OF
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
Complaint Form

Person Filing Complaint

Name: __________________________________________________________________________
Address: __________________________ City: __________________ State: ______ Zip Code ________
Email ___________________________________________________________________________
Telephone: Work (____)____________ Home (____)_____________ Cell (____)______________

Client Information
(if different from person filing complaint)

Name: __________________________________________________________________________
Address: __________________________ City: __________________ State: ______ Zip Code ________
Email ___________________________________________________________________________
Telephone: Work (____)____________ Home (____)_____________ Cell (____)______________
Relationship to person filing complaint: _______________________________________________

Name of Licensed Audiologist, Speech-Language Pathologist, or Speech-Language Pathology Assistant,

Name: __________________________________________________________________________
Address: __________________________ City: __________________ State: ______ Zip Code ________
Email ___________________________________________________________________________
Telephone: Work (____)____________ Home (____)_____________ Cell (____)______________

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 __________________
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.)

Be sure to include any documentation you think will help the Board understand 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: KENTUCKY BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
ATTN: COMPLAINT PROCESSING Phone: (502) 564-3296
PO BOX 1360 Fax: (502) 564-4818
FRANKFORT KY 40602-1360