



**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 _____

