

Complaint No.

**COMPLAINT FORM  
KENTUCKY BOARD OF PODIATRY**

**Person Filing Complaint**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Telephone ( \_\_\_\_ ) \_\_\_\_\_ Night Telephone ( \_\_\_\_ ) \_\_\_\_\_

Patient's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patient Information (if different from above)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relation \_\_\_\_\_

**Name of Podiatrist who performed services**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

**Names and phone numbers of persons who may provide additional information.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of offense, include date, time and location**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

