COMPLAINT FORM

INSTRUCTIONS

1. This form is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Complaint forms submitted without the appropriate signatures will be returned.
4. The completed application may be submitted to the Kentucky Board of Certification of Alcohol and Drug Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.
COMPLAINT FORM

Your Name: ________________________________

Address: ________________________________  Street

City __________________ State ______ Zip Code ______

Home Telephone Number with Area Code: (_________) - ______

Work Telephone Number with Area Code: (_________) - ______

Cell Phone Number with Area Code: (_________) - ______

Email Address: ________________________________

Name of Kentucky Alcohol and Drug Counselor your complaint is against:

________________________________________

Address: ________________________________  Street

City __________________ State ______ Zip ______

Have you filed this complaint with other agencies? □ Yes □ No

If yes, list the agencies:

________________________________________

________________________________________
Brief Summary of Complaint
Please be specific as possible regarding names, dates, locations, and actions you believe to be improper, unethical or unprofessional. Attach copies of any supporting documentations you wish the committee to review.

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: ________________________________  Date: ________________________________