



**KENTUCKY BOARD OF PHYSICAL THERAPY**

**Steven L. Beshear**  
Governor

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**Rebecca E. Klusch**  
Executive Director

Date: \_\_\_\_\_

Complaint No. \_\_\_\_\_

**COMPLAINT FORM FOR  
KENTUCKY STATE BOARD OF PHYSICAL THERAPY**

**Person Filing Complaint**

Name \_\_\_\_\_ Facility Name \_\_\_\_\_

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

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

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

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

Relation \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Patients Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Physical Therapist or Physical Therapist's Assistant  
or other person who performed services.**

Name \_\_\_\_\_ Facility Name \_\_\_\_\_

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

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

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

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