



KENTUCKY BOARD OF PHYSICAL THERAPY

312 Whittington Pkwy, Suite 102
Louisville, KY 40222
Phone (502) 429-7140
Fax (502) 429-7142
<http://pt.ky.gov>

Date: _____

Complaint No. _____

**COMPLAINT FORM
KENTUCKY 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 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.

