KENTUCKY BOARD OF OPTOMETRIC EXAMINERS 2365 HARRODSBURG ROAD, SUITE A240 LEXINGTON, KY 40504-3333

COMPLAINT FORM (PLEASE PRINT OR TYPE)

Date:	NAME AND BUSINESS ADDRESS OF OPTOMETRIST AGAINST WHOM COMPLAINT IS MADE:
YOUR NAME AND ADDRESS:	
(ZIP CODE) PHONE: AREA CODE ()	
THORE, IMETEORE (
KNOWLEDGE; AND IF NOT, THE SOURCE OR SOUR ADDRESSES AND TELEPHONE NUMBERS OF ALL	R THE INFORMATION IS WITHIN YOUR PERSONAL URCES OF THE INFORMATION. LIST THE NAMES, IMPORTANT WITNESSES. ALSO, ATTACH ANY GYOUR COMPLAINT. YOU MAY ADD MORE PAGES
	HE OPTOMETRIST HAS A PROBLEM WITH ALCOHOL STATE IN DETAIL ALL FACTS AND INFORMATION RIST HAS SUCH A PROBLEM.

DETAILS OF	COMPLAINT (CONT'D)
	-
VOLUNTARI	I SWEAR THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I WILL LY APPEAR AND TESTIFY TO THE FACTS IN THIS COMPLAINT IF CALLED OSO BY THE KENTUCKY BOARD OF OPTOMETRIC EXAMINERS.
	SIGNATURE OF COMPLAINANT
Notary's Cei	RTIFICATE - COMPLAINT MUST BE NOTARIZED
STATE OF:	
COUNTY OF:	
SUBSCRIBED AI AFORESAID, BY	THE ABOVE COMPLAINANT BEING BEFORE ME IN PERSON AND THE COMPLAINT BEING ND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE AND COUNTY THIS THIS DAY OF
	MY COMMISSION EXPIRES:
	NOTARY PUBLIC