## KENTUCKY BOARD OF OPTOMETRIC EXAMINERS 100 Consumer Lane Frankfort KY 40601

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 ( )	

DETAILS OF COMPLAINT: STATE IN DETAIL ALL FACTS WHICH YOU BELIEVE JUSTIFY YOUR COMPLAINT; AND IF POSSIBLE, STATE WHETHER THE INFORMATION IS WITHIN YOUR PERSONAL KNOWLEDGE; AND IF NOT, THE SOURCE OR SOURCES OF THE INFORMATION. LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL IMPORTANT WITNESSES. ALSO, ATTACH ANY RECEIPTS OR OTHER DOCUMENTS CONCERNING YOUR COMPLAINT. YOU MAY ADD MORE PAGES TO THIS FORM IN ORDER TO FULLY EXPLAIN THE BASIS FOR YOUR COMPLAINT.

\_\_\_\_\_ PLEASE CHECK IF YOU BELIEVE THAT THE OPTOMETRIST HAS A PROBLEM WITH ALCOHOL ABUSE, DRUG ABUSE OR MENTAL DISABILITY. STATE IN DETAIL ALL FACTS AND INFORMATION WHICH CAUSE YOU TO BELIEVE THE OPTOMETRIST HAS SUCH A PROBLEM.

## I SWEAR THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I WILL VOLUNTARILY APPEAR AND TESTIFY TO THE FACTS IN THIS COMPLAINT IF CALLED UPON TO DO SO BY THE KENTUCKY BOARD OF OPTOMETRIC EXAMINERS.

SIGNATURE OF COMPLAINANT

NOTARY'S CERTIFICATE - COMPLAINT MUST BE NOTARIZED

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

THE ABOVE COMPLAINANT BEING BEFORE ME IN PERSON AND THE COMPLAINT BEING SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE AND COUNTY AFORESAID, BY \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

MY COMMISSION EXPIRES:

NOTARY PUBLIC