

100 Consumer Lane  
Frankfort KY 40601

DATE: \_\_\_\_\_

YOUR NAME AND ADDRESS:

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PHONE: AREA CODE ( )

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\_\_\_\_\_ 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.

[illegible]

DETAILS OF COMPLAINT (CONT'D) \_\_\_\_\_

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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 \_\_\_\_\_, 20\_\_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC