

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

COMPLAINT NUMBER: \_\_\_\_\_

**Kentucky Applied Behavior Analyst Licensing Board  
Complaint Form**

**Person Filing Complaint**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone:(\_\_\_\_) \_\_\_\_\_

**Name of Licensed Behavior Analyst**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_

**Name and phone number of persons who may provide additional information**

1. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_



By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

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

If your complaint concerns your treatment by this Behavior Analyst, please sign and enclose the "Client Agreement to Release Information" form.

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**Send to:**        **STATE BOARD OF APPLIED BEHAVIOR ANALYSTS**  
                     **PO BOX 1360**  
                     **FRANKFORT KY 40602-1360**  
                     **Phone: (502) 564-3296**  
                     **Fax:     (502) 564-4818**