



# KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St, 2SC32, Frankfort, Kentucky 40601  
(502) 892-4256 ~ <http://klpc.ky.gov>

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## COMPLAINT FORM

### APPLICATION INSTRUCTIONS

1. Once you have completed the form, you must print the form, and apply your handwritten signature. Complaint forms submitted without the appropriate signatures will be returned.
2. The completed application may be submitted to the Kentucky Board of Licensure Pastoral Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 500 Mero St. 2SC32, Frankfort KY 40601.

Complaint No: \_\_\_\_\_

Date Received: \_\_\_\_\_

## KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS

### Complaint Form

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

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Home Telephone: ( ) - \_\_\_\_\_ Work Telephone: ( ) - \_\_\_\_\_

Name of KY Licensed Pastoral Counselor your complaint is against: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Have you filed this complaint with other agencies?  Yes  No. If yes, list the agencies:

\_\_\_\_\_

### Brief Summary of Complaint

Please attach copies of any supporting documentation pertaining to the complaint. (A copy of your complaint will be sent to the counselor asking for a response. Your complaint and response will be presented to the board at the next scheduled meeting.)

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

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

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**Send to: KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS  
PO BOX 1360  
FRANKFORT, KY 40602**

**Phone: (502)892-4256  
Fax: (502)564-4818**