

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172



Phone: (502) 429-7971
Fax: (502) 429-3353
KBNdisciplinealert@ky.gov

This complaint should be completed by the licensee. If self-reporting a conviction or disciplinary action on your privilege to practice or license in any state(s)/jurisdiction(s) you must submit court or discipline records and a detailed letter of explanation to the Kentucky Board of Nursing.

Records should be submitted to the attention of: Kentucky Board of Nursing, Investigation Branch. *(Send all pertinent information validating the complaint allegation, such as, texts, emails, photos or videos.)*

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This form should be completed if the allegation concerns the conduct of a nurse, dialysis technician, or licensed certified professional midwife.

Licensee's Name: _____
(Last Name, First Name, Middle Name, Maiden Name)

Licensee's Date of Birth and Social Security Number: _____

Licensee's Address: _____
(Street Address)

(City/State/Zip Code)

(Licensee's Home or Cell Phone Number/Email Address)

Licensee's License/Credential Number: _____

Licensee's DEA Number (if applicable): _____

Licensee's Employment Status: _____

Licensee's Position Title: _____

Date of Resignation: _____ (MM/DD/YYYY) Date of Suspension: _____ (MM/DD/YYYY)

Date of Termination: _____ (MM/DD/YYYY) Resigned in Lieu of Termination: Yes No

Licensee's Employer: _____
(Name of Facility)

(Street Address)

(City/State/Zip Code)

(Phone Number/Email Address)

Patient's Full Name:	Patient's Date of Birth:	Patient's Identifier	Date(s) of Service

Were there any witness(es) to the occurrence(s)?:

Yes No

Name and Contact information of the witness(es) to the occurrence(s)?

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Has this information been reported to any other organization, law enforcement agency, or regulatory agency?

Yes No

If so, whom? Provide any information that could be helpful to locate the status of this complaint such as agency name, how the complaint was filed, contact information, etc.

*By typing my full name, I hereby declare and affirm under the penalties of perjury that the matters set forth in the foregoing complaint are true and correct to the best of my knowledge, information, and belief:

(Printed Name)

(Signature)

* Date: _____