

Complaint No. _____

**COMPLAINT FORM
KENTUCKY BOARD OF DENTISTRY**

Person Filing Complaint

Name _____

Address _____ City _____ State _____ Zip _____

Day Telephone (____) _____ Night Telephone (____) _____

Patients Date of Birth ____/____/____ Email: _____

Patient Information (if different from above)

Name _____

Address _____ City _____ State _____ Zip _____

Relation _____

Name of Dentist/Hygienist/Assistant/Other person who performed dental services

Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

Names and phone numbers of persons who may provide additional information

Brief description of offense, include date, time and location.

Continue on reverse side



BOARD OF DENTISTRY

Steven L. Beshear
Governor

312 Whittington Parkway, Suite 101
Louisville, Kentucky 40222
Phone: (502) 429-7280
Fax: (502) 429-7282
<http://dentistry.ky.gov>

David J. Beyer
Executive Director

**Authorization for Release of Medical and Dental Records
to the Kentucky Board of Dentistry**

I, _____ the undersigned, hereby authorize the
Print full name

full release of any and all medical and dental records, billing information, and medical and dental reports from the dentist, physician, or other medical personnel, or any licensed health care facility, regarding the medical and dental history, diagnosis, and treatment relevant to my initiating complaint, filed with the Board against

_____, to the Executive Director of the Kentucky
Name of dental professional

Board of Dentistry or any authorized agent or investigator of the Board.

The Board's address is: 312 Whittington Pkwy, Suite 101, Louisville, Kentucky 40222.

Copies of such documents may be mailed to the Executive Director at this address or hand-delivered to any authorized agent or investigator or the Board.

A photocopy of this authorization shall be deemed as effective as an original. This authorization shall be effective for one year from the date of signing.

Date

Signature of patient or legal guardian of patient

