|  |  |  |
| --- | --- | --- |
| OMBUDSMAN_LOGO | **COMPLAINTS (MALADMINISTRATION) LAW (2018 REVISION)**   |  | | --- | | File #Click or tap here to enter text. | |

## Personal Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  | | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  | |
|  | Mailing Address | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Phone: |  | Alternate Phone: |  |

|  |  |
| --- | --- |
| Email: |  |

|  |  |
| --- | --- |
| Occupation: |  |

## Complaint Information

|  |  |
| --- | --- |
| Government Entity Involved: |  |

|  |  |  |
| --- | --- | --- |
| Name of Person committing improper conduct: |  |  |

|  |  |
| --- | --- |
| Date and Time of improper conduct: |  |

|  |  |
| --- | --- |
| Location incident occurred: |  |

Summary of incident:

|  |
| --- |
| Click or tap here to enter text. |

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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