



Batterer Intervention Provider Program Complaint Form

Please complete and sign this form so that KCADV may look further into your concerns. Complaints and release forms should be mailed to: KCADV, ATTN: Isela Arras, 111 Darby Shire Circle, Frankfort, KY 40601

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: () - _____ Evening Phone: () - _____

Client Information (if applicable)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: () - _____ Evening Phone: () - _____

Relationship to person filing complaint: _____

Name of BIP Provider

Name: _____ Certificate Number: _____

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: _____

Brief Summary of Complaint

(Please be specific as possible regarding names, dates, locations, and action which you believe to be improper, unethical or unprofessional. Please attach copies of any documents or records pertinent to your complaint.)

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

Signature: _____ Date: _____

Send to: KENTUCKY COALITION AGAINST DOMESTIC VIOLENCE
111 DARBY SHIRE CIRCLE
FRANKFORT, KY 40601

Phone: (502) 209-5382
Fax: 844-717-8836

Complaint No: _____ Date Received: _____