

Complaint Information

Complaint information should include:

- Was the complaint reported to the county's [Department for Community Based Services](#)?
- Name of facility.
- Who is the complainant?
- What is the complaint? (Describe the facts of the complaint situation.)
- Who is/are the alleged perpetrator(s)?
- How was the patient/resident affected?
- When did the complaint situation occur? Was it an isolated event or an ongoing situation? (Include the date, time, time between different events.)
- Where did it happen? (In what care unit, patient/resident room.)
- How did it happen? What was the sequence of events?
- Is a patient/resident or the family of a patient/resident involved?
- Who witnessed the complaint situation?
- Names of staff or other residents involved. Also, include other persons involved, such as volunteers or visitors.
- Was the facility made aware of the complaint?
- What actions were taken by the facility?

To report a complaint regarding a licensed long-term or health care facility or service, contact the **Complaint Coordinator** in the appropriate branch:

Northern Branch
Phone: 502-595-4958
Fax: 502-595-4540
E-Mail: NEBComplaints-Reports@ky.gov

Eastern Branch
Phone: 859-246-2301
Fax: 859-246-2307
E-Mail: EEB.Complaints-Reports@ky.gov

Southern Branch
Phone: 606-330-2030
Fax: 606-330-2054
E-Mail: SEBComplaints-Reports@ky.gov

Western Branch
Phone: 270-889-6052
Fax: 270-889-6089
E-Mail: WEB.Complaints-Reports@ky.gov

To determine which enforcement branch to report to, see the [Regional Map](#).