

**Complaint information should include:**

- Was the complaint reported to the county [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 facility made aware of 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 enforcement branch.

Western Branch

Phone: 270-889-6052

Fax: 270-889-6089

E-Mail: [WEB.Complaints-Reports@ky.gov](mailto:WEB.Complaints-Reports@ky.gov)

Northern Branch

Phone: 502-595-4958

Fax: 502-595-4540

E-Mail: [NEBComplaints-Reports@ky.gov](mailto:NEBComplaints-Reports@ky.gov)

Southern Branch

Phone: 606-330-2030

Fax: 606-330-2054

E-Mail: [SEBComplaints-Reports@ky.gov](mailto:SEBComplaints-Reports@ky.gov)

Eastern Branch

Phone: 859-246-2301

Fax: 859-246-2307

E-Mail: [EEB.Complaints-Reports@ky.gov](mailto:EEB.Complaints-Reports@ky.gov)

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