



# Commonwealth Office of the Ombudsman

209 St. Clair St.  
Frankfort, KY 40601  
Phone: (866) 596-6283

## Complaint Form

### Personal Information: (all required except phone number or email address)

1. Full Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_
4. County: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip Code: \_\_\_\_\_ 7. Phone Number: \_\_\_\_\_
8. Email Address: \_\_\_\_\_

### Details of the Complaint:

9. Service Involved (e.g., Medicaid, SNAP, Child Care, Child Support, etc.): \_\_\_\_\_
10. Description of the Issue: *(Please provide a detailed account of the problem including relevant dates, locations, and any specific individuals involved)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Impact of the Issue.: *(Describe how this issue has affected you or others)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Previous Steps Taken: *(Detail any previous interactions you have had with service providers regarding this issue, including calls, emails, or in-person meetings. Attach any relevant documents or correspondence that may support your complaint)* \_\_\_\_\_

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**Desired Outcome:**

13. Resolution Sought: *(Outline what actions you would like to see taken to resolve your complaint)*

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**Consent and Signature:**

14. Consent to Investigate:

[ \_\_\_\_\_ ] I hereby consent to the investigation of my complaint by the ombudsman’s office. If a complaint involves medical or health care, this consent will include access by the Ombudsman Office to personal data to complete the investigation or review of my complaint.

15. Signature:

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Date:

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**Additional Information:**

16. Attachments: *(Please list any documents you are attaching to this complaint form.)*

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17. Additional Comments: *(Use this space to add any further comments or information you feel is relevant to your complaint.)*

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**Submission Instructions:**

Please submit this completed form to the Commonwealth Office of the Ombudsman by email, fax, or by mail.

Email: [kyombud@ky.gov](mailto:kyombud@ky.gov)

Fax: (502) 564-9523

Or in person at:

**Commonwealth Office of the Ombudsman**  
**209 St. Clair Street**  
**Frankfort, KY 40601**