Kentucky Boxing and Wrestling Commission

500 Mero St, 218NC

Frankfort, Ky 40601



Phone: (502) 564-0085

Fax: (502) 696-3938

Email: kbwc@ky.gov

www.kbwc.ky.gov

Date Received:	Complaint #:	
	Filed By:	
Name:	Phone #	<i>‡</i> :
Address:		
City:		
	Filed Against:	
Name:	Phone #:	
Address:		
City:	State:	Zip:
	Promotion Informati	ion:
Name:		
Show Date:	Location:	
	Witnesses	
1. Name:	Phone #:	:
2. Name:	Phone #:	
3. Name:	Phone #:	
4. Name:	Phone #	:

Complaint Deposition

to the best o complaint is	nis complaint form, I hereby certify that the information is complete and true my knowledge. I also understand that if the law was broken the person this being filed against will be advised of the following information: that a is been filed, the name of the person filing the complaint and the deposition aint.
Signature:	Date:
Send to:	Kentucky Boxing and Wrestling Commission 500 Mero St. 2NC18

500 Mero St, 2NC18 Frankfort, KY 40602

Email: <u>kbwc@ky.gov</u> Fax: 502-696-3938