

KENTUCKY BOXING AND WRESTLING COMMISSION

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Complaint Form

Filed By:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Filed Against:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Promotion Information:

Name: _____ Show Date: _____

Location: _____

Witnesses

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

4. Name: _____ Phone #: _____

