



**LICENSING AGENCY, STATE OR GOVERNMENTAL AGENCY
INVESTIGATION QUESTIONNAIRE**

You answered “yes” to question “6” in the attestation section of your license renewal. The question asks: “In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?” Complete the Licensing Agency, State or Governmental Agency Investigation Questionnaire with all fields answered completely. **Attach copies of any/or all supporting documentation with your response.**

Submission of the Licensing Agency, State or Governmental Agency Investigation Questionnaire is required to be submitted to the Board within 14 days of renewal. All forms and documentation may be submitted electronically by emailing KSBHA_RenewalCoordinator@ks.gov, by Fax to 785-368-7103, or by mail to Renewal Coordinator, 800 SW. Jackson – Lower Level, Suite A., Topeka, KS 66612

Name: _____ License Number: _____ Date Form Submitted: _____

1. Caption and/or number for the investigation, complaint, or charges:
2. To whom were the allegations, complaints, or charges made or by whom were the investigations initiated? (e.g. licensing agency, or state or government agency)

3. Who made the allegations, complaints, or charges?

4. What are the allegations, complaints, or charges made against you?

5. When did you first learn of the allegations, complaints, or charges or the initiation of an investigation(s)?

6. **When** did the act or acts occur that gave rise to the allegations, complaints, or charges or caused an investigation(s) to be initiated?

7. **Where** did the act or acts occur that gave rise to the allegations, complaints, or charges or caused an investigation(s) to be initiated?



8. What is your explanation of the facts and circumstances surrounding the allegations, complaints, charges, or investigations?

9. What is the status or outcome, if known, of the allegations, complaints, charges, or investigations?

10. If you are represented by an attorney with respect to the allegations, complaints, charges, or investigations, please provide the following:

Attorney Name:

Address:

Contact Number:

Name of person completing form

Signature of person completing form

Date