



**ALABAMA BOARD OF MASSAGE THERAPY**

2777 Zelda Road  
Montgomery, AL 36106  
334-420-7233  
334-263-6115 fax

**COMPLAINT FORM**

**INSTRUCTIONS:** Please complete this form and fax or mail to the above address. Also, any supporting documentation regarding this complaint can be attached and submitted as well. Make copies of this form as needed.

\_\_\_\_\_  
Name of Massage Therapist or  
Establishment (Respondent)

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone (Home)                      (Cell)

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date of Rendered Services or Visit

\_\_\_\_\_  
How did you learn about the  
Respondent?

Please explain the entire circumstances surrounding your complaint including your attempts to solve the problem (if more space is needed continue on the reverse side):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date