

COMPLAINT FORM

Mississippi State Board of Massage Therapy
P.O. BOX 20
Morton, MS 39117
(601) 732-6038

Complaint Form (Please type in, print, have notarized and mail to the Board)

Your Name: _____

Mailing Address: _____

Your Telephone: Home: _____ Cell: _____

Your Email Address: _____

Name of person against whom you are complaining: _____

Name of Business against whom you are complaining: _____

Street Address of Business: _____

Nature of Complaint (supporting information in complete detail, continue testimony on page 2 if needed):

Witnesses (provide the names, addresses and phone numbers of your witnesses, if any):

A. Witness 1: _____

Address: _____

Phone(s): _____

B. Witness 2: _____

Address: _____

Phone(s): _____

C. Witness 3: _____

Address: _____

Phone(s): _____

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By signing below, I do hereby consent to appear before the Mississippi State Board of Massage Therapy and any court of law to testify to the allegations set forth in the complaint and I understand that the information becomes public record once filed with the Board.

I hereby authorize the Mississippi State Board of Massage Therapy to take the following actions:

- 1.) Talk to anyone who can provide information pertaining to my complaint;
- 2.) Access and review any and all information regarding me and my treatment.

Signature of Complainant _____ **Printed Name** _____ **Date** _____

Sworn to and subscribed before me this _____ day of _____, in the year _____.

Notary Public _____

SEAL

County of _____

State of _____

My Commission expires _____

Additional Comments: