

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 (check only one).

- 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.

OR

- Pursuant to Miss. Code. Ann. § 73-67-19 (7) I am a duly authorized representative of the Mississippi State Board of Massage Therapy, and upon its own motion, the Board has authorized me to file this formal complaint on their behalf.

Signature of Complainant	Printed Name	Date
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Sworn to and subscribed before me this _____ day of _____, in the year _____.

Notary Public

SEAL

County of _____

State of _____

My Commission expires _____

Additional Comments: