

Print and fill out with a pen then mail in to Arizona Massage Board
Arizona Board of Massage Therapy
1740 W Adams St, Unit 3401
Phoenix, AZ 85007

COMPLAINT FORM

1. Complainant information (person filing complaint):

Name: _____
(Or name of client, if filing on behalf of client)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

2. Massage Therapist (“Therapist”) (who the complaint is against):

Therapist Name: _____ License No. (if known): _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Have you advised the therapist of your concern/complaint? Yes No

4. Have you and/or the therapist attempted to resolve your concerns? Yes No

5. If the therapist receives disciplinary action because of your complaint, are you requesting the Board to impose that the therapist reimburse fees paid by you or on your behalf?
Yes No

ACKNOWLEDGMENT

I hereby state that all information given herein is true and correct to the best of my knowledge.

Signature _____

Date _____

PLEASE NOTE: the massage therapist/licensee will be furnished a copy of the complaint. However, if the disclosure of your name will pose a risk to you, a copy of the complaint with redacted ID information may be provided, but may make it difficult to fully adjudicate. If in the Board’s discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint. The Board may request a copy of the records from the massage therapist to determine if a violation of state statutes or rules occurred. You may also wish to seek legal advice for information regarding a civil suit.

SUMMARY OF ALLEGATIONS: