



Arizona State Board of
Massage Therapy
Protecting the Public's Health

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Douglas A. Ducey,
Governor

COMPLAINT FORM

Instructions: Please type or print clearly in the following fields and please summarize your
allegations on page two of this complaint form, describing in detail your experience with the
massage therapist (use extra paper, if necessary). It is helpful if you include dates of service, names
and addresses of witnesses, copies of treatment and/or billing records and any other documentation
related to your complaint.

1. Complainant information (person filing complaint):

Name:
(Or name of client, if filing on behalf of client)
Address:
City: State: Zip Code:
Daytime Phone Number: 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 (after completion of page 2) 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:**