



Arkansas

STATE BOARD OF MASSAGE THERAPY

PO Box 2019
Little Rock, AR 72203
Phone: (501) 683-1448
Fax: (501) 683-1426

COMPLAINT FORM

For Use to File Complaints with the
Arkansas State Board of Massage Therapy

INSTRUCTIONS:

1. Please type or print legibly.
2. State facts briefly and clearly and attach copies of plats and/or documents to support your allegations.
3. Attach additional pages if needed.
4. Sign the complaint and have it notarized.

NOTE: If you are unable to comply with any of these instructions because of a disability, contact the Board of Massage Therapy about provisions of the Americans with Disabilities Act.

YOUR NAME ADDRESS CITY STATE ZIP

HOME TELEPHONE NUMBER

WORK / DAYTIME TELEPHONE NUMBER

NAME (S) PERSON (S) AGAINST WHOM YOU ARE FILING THIS COMPLAINT

NAME OF COMPANY

ADDRESS CITY STATE ZIP

COMPLAINT

STATE OF _____

COUNTY OF _____

I / We _____, being first duly sworn state (s)
Name of complainant (s)

State briefly the accurate and truthful facts giving rise to the complaint.

Signature of Complainant

Signature of Co-Complainant

Sworn to and subscribed before me this _____ day of _____, 20_____

(SEAL)

Notary Public

My commission expires: _____

List below the persons that can confirm all or part of your foregoing statements:

Name	Address	Telephone Number
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Name	Address	Telephone Number
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Name	Address	Telephone Number
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