



Arkansas

STATE BOARD OF MASSAGE THERAPY

COMPLAINT RESPONSE FORM

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

Submit to:

Arkansas State Board of Massage Therapy
P O Box 2019
Little Rock, Arkansas 72203

INSTRUCTIONS:

1. Please type or print legibly.
2. Respond completely and directly to statements made by Complainant (s).
3. Include names, phone numbers, and addresses of persons who can confirm statements made in the answer.
4. Include copies of relevant plats, plans, or other documents.
5. If additional pages are needed, copy this form or attach additional pages.
6. Please be sure to sign this Answer Form on the reverse side and have your signature witnessed by a notary public.
7. Return the written Answer within twenty (20) days of the receipt of the Complaint.

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.

NAME OF RESPONDENT

NAME OF MASSAGE THERAPIST AND/OR SCHOOL OR BUSINESS

DAYTIME TELEPHONE

ADDRESS

CITY

STATE

ZIP

ANSWER

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn, state
Name of Respondent

List below the persons who 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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