



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Case No. _____

Date Posted: _____

NOTICE OF COMPLAINT

This form is provided to assist you in reporting a complaint about the services of a licensee of the Louisiana Board of Massage Therapy. Please complete the information requested below. Sign the form in the presence of a notary and have the form notarized. The notary must sign and apply his/her official seal. The Board cannot accept complaints that are not notarized.

Persons with special needs or disabilities may contact the State Board Office for assistance to meet those needs in reporting the complaint. If you need assistance in completing this form, please contact the Board Office at (225) 771-4090. Mail this complete, notarized form and any additional document pertaining to the complaint to:

Louisiana Board of Massage Therapy
12022 Plank Road
Baton Rouge, LA 70811

NAME & ADDRESS OF THERAPIST against whom the complaint is being made: _____

IS THIS YOUR REGULAR THERAPIST: _____ IF "NO," please give name of therapist who usually cares for you:

DATE(S) THE THERAPIST SAW YOU IN REGARD TO THE COMPLAINT: _____

HAVE YOU DISCUSSED YOUR COMPLAINT WITH THE THERAPIST? _____

If "no," please explain reason why:

WHAT INFORMATION LED YOU TO BELIEVE THERE WERE GROUNDS TO FILE A COMPLAINT?

NOTICE OF COMPLAINT (page 2)

DID YOU HAVE DIFFICULTY LOCATING THE TELEPHONE NUMBER AND/OR ADDRESS FOR THIS BOARD? _____. IF "YES," please describe the problem: _____

PLEASE DESCRIBE COMPLETELY THE CIRCUMSTANCES WHICH LED TO YOUR COMPLAINT (use separate sheet of paper, if needed, and attach to form):__ _____

PRINT YOUR NAME, ADDRESS, AND TELEPHONE NUMBER: _____

Your complaint will be sent to the massage therapist for a response. The Board will investigate the circumstances and determine if they have jurisdiction and/or if any laws or regulations were violated:

DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE IN THE PRESENCE OF A NOTARY

I, _____, hereby authorize the Louisiana Board of Massage Therapy or its duly authorized representative, to have access to any and all records related in this complaint.

I further attest that the information provided in this complaint is true to the best of my belief and knowledge and that the circumstances as stated represent my recollection of the events as they transpired.

Signed: _____
COMPLAINANT

**NOTARY
SEAL**

Notary Public _____
Signature: _____

Date: _____