



**ALABAMA MASSAGE THERAPY
LICENSING BOARD (AMTLB)**

770 Washington Ave
RSA Plaza Suite 250
Montgomery, AL 36104
1-800-656-5318
334-293-5201 fax

COMPLAINT FORM

INSTRUCTIONS: Please complete this form and fax or mail to the above address. Also, any supporting documentation regarding this complaint can be attached and submitted as well. Make copies of this form as needed.

Name of Massage Therapist or
Establishment (Respondent)

Your Name

Address

Your Address

City State Zip

City State Zip

Telephone

Telephone (Home) (Cell)

Email address

Date of Rendered Services or Visit

How did you learn about the
Respondent?

Please explain the entire circumstances surrounding your complaint including your attempts to solve the problem (if more space is needed continue on the reverse side):

Signature

Date