



# Alabama Massage Therapy Licensing Board

770 Washington Ave., RSA Plaza Suite 250, Montgomery, AL 36104

klisha.potts@abn.alabama.gov | (800) 656-5318 | (334) 293-5201 fax

## Complaint Form

**INSTRUCTIONS:** Please complete this form and email, fax or mail to the appropriate address or number above. 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)

---

Address (City, State, and Zip)

---

Telephone

---

Date of Service or Visit

---

Your Name

---

Your Address (City, State, and Zip)

---

Telephone (Home)

---

(Cell)

---

Email Address

---

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