ALABAMA BOARD OF MASSAGE THERAPY

2777 Zelda Road Montgomery, AL 36106 (334) 420-7233 (334) 263-6115 (fax)

CONSUMER COMPLAINT FORM

Name of Massage Therapist or	Your Name
Establishment	
Address	Your Address
City State Zip	City State Zip
Telephone	Telephone (Home) (Work)
Date of Rendered Services or Visit	How did you learn about the complainant?
Please explain the entire circumstances su to solve the problem (if more space is ne	urrounding your complaint including your attempeded continue on the reverse side):
Signature	Date