



South Dakota Board of Massage Therapy

1103 Park Hill Drive, Rapid City, SD 57701

Phone: 605-858-1708 Fax: 605-653-3879

E-mail: sdbomt@gmail.com

website: doh.sd.gov/boards/Massage/

Complaint Form

Please **type** or **print legibly** and return to the above address.

PERSON REGISTERING COMPLAINT			
NAME		PHONE NUMBERS	
ADDRESS		HOME ()	
CITY	STATE	ZIP	CELL ()
EMAIL			
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMPLAINT REGISTERED AGAINST: <i>(Please use the full name of the PERSON and/or BUSINESS against whom you are filing the complaint.)</i>		
NAME		PHONE
BUSINESS		
ADDRESS		
CITY	STATE	ZIP
EMAIL		

DETAILS OF COMPLAINT	
1. DATE OF INCIDENT: ____/____/____	
2. HAVE YOU COMMUNICATED YOUR CONCERN TO THE PERSON OR COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, ON WHAT DATE AND BY WHAT MEANS: _____	
3. DID THE PERSON OR THE COMPANY RESPOND? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, WHAT WAS SAID OR DONE? _____	
4. WILL YOU, AS THE COMPLAINANT, WILLINGLY TESTIFY IF A HEARING SHOULD BE CALLED BY THE BOARD FOR THE PURPOSE OF PURSUING DISCIPLINARY ACTION ARISING FROM THIS COMPLAINT? (PLEASE CHECK ONE)	YES <input type="checkbox"/> NO <input type="checkbox"/>

STATE YOUR COMPLAINT: (Please provide a clear and concise description of the nature of your complaint, including dates of occurrence, times, place and persons involved. Please include the names and telephone numbers of witnesses, if applicable). **If more space is needed, please attach additional sheets of paper.**

I AFFIRM THE PRECEDING AND IT IS TRUE TO THE BEST OF MY INFORMATION AND BELIEF. I am filing this complaint to notify the Board of the activities of this individual so that it may be determined if discipline is warranted. I understand that a copy of this complaint may be provided to the licensee. Further, I waive any requirements of confidentiality, and authorize disclosure of information as the Board or its staff deem necessary to investigate or pursue this complaint.

_____ Date

Signature of Complainant

Before me personally appeared _____ whose signature appears above, and made oath and says that he/she is the identical person making this complaint and that all the foregoing statements are true and correct. My commission expires _____.

(seal)

Notary Public Signature