



# South Dakota Board of Massage Therapy

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[doh.sd.gov/boards/Massage](http://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: (Please use the full name of the PERSON and/or BUSINESS against whom you are filing the complaint.)			
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 will 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