



South Dakota Board of Massage Therapy

Location: 217 W Missouri Ave, Pierre, SD 57501

Mailing: 217 W Missouri Ave, Pierre, SD 57501

Phone: 605-773-3440

Fax: 605-773-7175

E-mail: massagetherapy@state.sd.us 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"/>	

