

# Maryland Board of Chiropractic & Massage Therapy Examiners

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4201 Patterson Avenue • Suite 301 • Baltimore, MD • 21215-2299 • PHONE: 410-764-4738 • FAX: 410-358-1879

**FOR QUESTIONS: MASSAGE THERAPY BOARD INVESTIGATOR'S DIRECT LINE 410-764-5902**

WEBSITE: [www.dhmfh.maryland.gov/massage](http://www.dhmfh.maryland.gov/massage)

## **LICENSED MASSAGE THERAPIST AND REGISTERED MASSAGE PRACTITIONERS COMPLAINT FORM**

### **INSTRUCTIONS**

#### **PLEASE PRINT OR TYPE IN BLACK INK:**

The Board of Chiropractic and Massage Therapy Examiners (Board) investigates complaints filed against licensed massage therapist and registered massage practitioners to determine if there is a violation of the Maryland Massage Therapy Law. Whenever a complaint involves the practice massage therapy by someone other than a licensed massage therapist or registered massage practitioner, the information is certainly of interest to the Board and should be forwarded as soon as possible.

To assist in the processing of your complaint, include the correct names, addresses, both home and business telephone numbers of all persons named in the complaint. If certain information is not known, please indicate on the form.

All complaints are thoroughly reviewed and often referred for investigation. Should the Board bring charges against a licensed massage therapist or registered massage practitioner, advance notice must be given to the massage therapist or practitioner to allow time to respond to the complaint and prepare a defense. Therefore, in most cases there will be a time lapse between filing of the complaint and scheduling a hearing.

You will be notified in writing as to the outcome of your complaint. Also, you may be called to testify as a witness if a Board hearing is scheduled.

If there is more than one person filing this complaint, please use a separate form for each person.

**COMPLETE THE FOLLOWING INFORMATION WITH AS MUCH DETAIL AS POSSIBLE.**

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**FULL NAME OF MESSAGE THERAPIST OR MESSAGE PRACTITIONER**

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**ADDRESS**

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**TELEPHONE**

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**FULL NAME OF COMPLAINANT:**

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**ADDRESS:**

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**HOME TELEPHONE BUSINESS TELEPHONE**

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**YOUR DATE OF BIRTH**

**AGE**

Were you a client of this Massage Therapist or Massage Practitioner?  Yes  No

If so, from when to when \_\_\_\_\_ to \_\_\_\_\_

Have you discussed your concerns with this Massage Therapist or Massage Practitioner? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

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For what condition were/are you receiving a therapeutic or non-therapeutic massage?

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Will you consent to the release to this Board or its designated investigating body, reports or records relating to you and to this occurrence from any health care provider or hospital, including the Massage Therapist/Practitioner complained of?  Yes  No

If yes, please authorize by signature: \_\_\_\_\_

If No, why not? \_\_\_\_\_

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If the complaint is made by a person other than the client, acting in an official or professional capacity, please furnish the following additional information. Also, please be sure to read, sign and date of the last page of this complaint form.

Your official title or designation: \_\_\_\_\_

Did you personally investigate the matters set forth in this complaint?

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Do you have any reports or other written communications directed to you with respect to the matters of this complaint?

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If so, please attach to this complaint copies of these communications.

Is there any further information you wish to convey to the Board regarding this complaint?

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\_\_\_\_\_  
Date of Complaint

\_\_\_\_\_  
Signature of Complainant

**I HEREBY CERTIFY AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Rev.12/2013AC