



# NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050  
Location Address: 150 Fayetteville Street Mall, Suite 1900, Raleigh, NC 27601

## FORMAL COMPLAINT FORM

**"The mission of NCBMBT is to regulate the practice of massage and bodywork therapy in the State of North Carolina to ensure competency, and to protect the public health, safety and welfare."**

This is a Statement of Formal Complaint of Alleged Violation of the Massage & Bodywork Therapy Practice Act, Rules & Regulations or Standards of Professional Conduct. **If an investigation is deemed necessary, a copy of this form will be provided to the individual against whom the complaint is filed.**

### Directions:

Complete this form and summarize on a separate page (*print or type*) the facts and circumstances, including dates and events, warranting the complaint. Attach documentation that you think would help the NCBMBT in its assessment of this complaint. Please sign and date all documents you have written and are submitting. **Do Not** include confidential documents such as patient or employment records. (Statements from witnesses are not necessary at this time). Mail completed form with accompanying documentation to the Board address listed above.

Today's Date: \_\_\_\_\_

**COMPLAINANT (PERSON FILING THE COMPLAINT):** *Please note this section must be completed so the Board may notify you of receipt of the complaint and to contact you should we need further information. If this section is left blank, the complaint cannot be processed. (Please print or type)*

Your Name: \_\_\_\_\_ NC License # (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### RESPONDENT (INDIVIDUAL AGAINST WHOM THE COMPLAINT IS DIRECTED):

Name of Person: \_\_\_\_\_ NC License # (if applicable/known): \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from mailing address)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Indicate the section(s) of the Practice Act, Rules and Regulations or Ethical Principle(s) you believe have been violated:

\_\_\_\_\_

If you have filed a complaint about this matter **another agency**, indicate to whom it was submitted and the approximate date(s) submitted. Please include a copy of the Police Report (if applicable). Please list all that apply. \_\_\_\_\_

\_\_\_\_\_

What steps, if any, have been taken to resolve this complaint? \_\_\_\_\_