



## **Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

**Email:** [nvmassagebd@lmt.nv.gov](mailto:nvmassagebd@lmt.nv.gov)

**Website:** <http://massagetherapy.nv.gov>

### **PROCEDURES TO FOLLOW WHEN FILING A COMPLAINT**

- 1) You are the Complainant/Consumer. You must state all the facts concerning the incident you are reporting. Use full names of people; give the complete address for the location of the incident, relevant dates and times. Please provide the full details of the incident. The person you are making this complaint against is the Respondent.
- 2) Please print or have the form typewritten. It is essential that we be able to read the complaint.
- 3) You may mail or fax the attached documents to the address above for processing.
- 4) You may call and speak with an investigator.
- 5) Once your complaint is completed, please send the complaint and all supporting evidence to the address listed above. Upon receipt, the complaint will be reviewed and assigned for investigation.

**NOTE:** The investigation can take up to ninety (90) days. After the investigation is completed, the entire file will be reviewed by the Board Attorney to determine if a hearing should be held. If a hearing is scheduled, you will be notified and may be called to testify before the Board.

## Consumer Complaint

Complainant: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

\_\_\_\_\_

Preferred contact number: \_\_\_\_\_

Preferred contact email: \_\_\_\_\_

Respondent: \_\_\_\_\_

License #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

\_\_\_\_\_

Have you reported allegations to another state agency or local government entity?      Y      N

If Yes, please provide name and contact information for agency or local government entity:

\_\_\_\_\_

If Yes, please provide complaint or case number if any: \_\_\_\_\_

Statement:

\_\_\_\_\_

\_\_\_\_\_

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