South Carolina Department of Labor, Licensing and Regulation
South Carolina Massage/Bodywork Panel
P.O. Box 11329 o Columbia, SC 29211-1329
Phone: 803-896-4588 o Fax: 803-896-4484 o www.llronline.com/POL/MassageTherapy/

Complaint Form

Please type or print legibly.

Complainant

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone: (_____) _____ **Fax: (_____)** _____

Evening Phone: (_____) _____

What is the best way to reach you? ☐ **Daytime Phone** ☐ **Evening Phone** ☐ **E-mail:** _____

Complaint Information

Board or Profession: _____

Name: _____
(Last) (First) (Middle Initial

Address: _____
(Number and Street)

City: _____ **State:** _____ **Zip Code:** _____

Business Phone: (_____) _____

Please list all witnesses, providing names, addresses and telephone numbers.

Statement of Complaint

Date and Location of Alleged Violation: _____

Please provide a statement of facts, allegations and/or, concerns. Attach a copy of each document you possess that can substantiate and facts in your complaint. These documents will not be returned. Please attach additional sheets, if necessary.

Have you attempted to contact the licensee concerning your complaint ☐ Yes ☐ No If yes, When? _____

_____

_____

I attest that the information provided is true, correct, and complete to the best of my knowledge.

_____ _____
Complainant Signature (Date)

_____ _____ _____
Notary Public Expiration Date (Date)

For Office Use Only

Date Received ___ / ___ / _____ Receiving Board: _____
License Number _____ License
Type _____
How Received_____ Date Reviewed: _____/_____/_____
Acknowledgement Letter sent _____/_____/_____ Category _____