OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
AND ADVISORY BOARD OF MASSAGE THERAPY

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MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

MASSAGE THERAPY COMPLAINT FORM

Note: An Investigation will only be made after receipt of a signed complaint.

Please Print

Your Name: _____

Your Address:_____
(address) (city) (zip code)

Home Phone: _____ **Work Phone:** _____

_____

THIS COMPLAINT IS AGAINST: _____

Their Address: _____
(address) (city) (zip code)

Their Home Phone: _____ **Their Work Phone:** _____

FULLY DESCRIBE EVENTS LEADING TO COMPLAINT. PLEASE PRINT.
ATTACH ADDITIONAL PAGES AS NEEDED.

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