

WEST VIRGINIA MASSAGE THERAPY LICENSURE BOARD  
179 SUMMERS STREET, SUITE 711  
CHARLESTON WV 25301  
(304) 558-1060 FAX (304) 558-1061  
WEB PAGE: [www.wvmassage.org](http://www.wvmassage.org) EMAIL: [linda\\_lyter@frontier.com](mailto:linda_lyter@frontier.com)

Name and Address of individual against whom complaint is made:

Nature of complaint in detail: (attach additional pages as needed.)

Witnesses to incident or situation: (give full names and addresses.)

**NOTE: LICENSEES ARE NOTIFIED WHEN A COMPLAINT IS FILED AGAINST HIS / HER LICENSE. A COPY OF THE COMPLAINT FORM AND ALL SUPPORTING DOCUMENTS ARE SENT TO THE LICENSEE WITH THE LETTER OF NOTIFICATION.**

Name, address and telephone number of individual making complaint:

Signature \_\_\_\_\_

Date \_\_\_\_\_