



LOUISIANA BOARD OF MASSAGE THERAPY

COMPLAINT PROCESS

9619 Interline Ave Suite B ☙ Baton Rouge, LA 70806
225-756-3488 ☙ www.labmt.org

The Louisiana Board of Massage Therapy is charged with protecting the public by regulating and licensing massage therapy practices. One of the ways the Board fulfills its obligations is by accepting and investigating complaints of improper or illegal conduct. The Board takes all complaints seriously and endeavors to investigate them in a fair and impartial manner. Disciplinary action is imposed if warranted. The complaint process plays an important role in regulating professionalism and quality in Louisiana massage therapy practices.

After receiving a formal complaint, an LBMT staff member will notify the complaining party by mail, email or phone, according to the preference indicated, within ten working days, to acknowledge receipt and obtain any clarifying information which may be needed. If you are not contacted by a staff member within ten working days after submitting your complaint, you may contact the chief investigative officer of the LBMT directly.

Because a complaint can affect the livelihood and reputation of those who practice massage therapy, the Board will not investigate or act on anonymous complaints. Efforts will be made to maintain the confidential nature of the complaint process, but the identity of the person filing the complaint may have to be revealed and the person may have to provide testimony if the complaint should proceed to a formal administrative hearing or other litigation. The complaining party will be given the option as to whether or not they wish to testify before a formal hearing is scheduled. During the process of the investigation, the chief investigative officer may or may not contact the complainant for further information. However, the complaining party will be provided with the results of the investigation and any subsequent action taken.

If you have any questions or concerns please contact the Board office for assistance.

Louisiana Board of Massage Therapy

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LBMT015 - COMPLAINT FORM

Enter Information on Form and Print - OR - Print Blank Form and Type or Print Information

In connection with your complaint, please provide the following information:

I. Business or Individual to be Reviewed:

a. Name of Individual or Business: _____

b. Phone Number of Individual or Business: _____

c. Address of Individual or Business: _____

d. Date the Incident(s) Occurred: _____

e. Location where the Incident(s) Occurred: _____

II. Complainant Contact Information:

a. Name: _____

b. Phone Number: _____

c. Mail Address: _____

d. Email Address: _____

e. Contact Preference: Phone _____ Mail _____ Email _____

III. Detailed Description of the Incident(s) that Resulted in this Complaint: (Attach additional pages if needed):
