

NDRB
Non-Licensed Reflexology Practitioner Reporting Form

Name of Business/Person being reported: _____

Location of Business/Person (city, residence, etc.): _____

Address: _____

City / State / Zip: _____

Is the business/person advertising reflexology? YES NO

Is the business/person charging for reflexology? YES NO

How/Where did you learn about this? _____

Date this was discovered: _____

Do you have any form of proof (evidence) to share with the NDRB? YES NO

Explain here: _____

*Examples would be advertisement, photo, business card, brochure, etc. These can be attached/submitted with this form.

Signature & Date of person reporting: _____

*Your name will NOT be shared with the business/person being reported.

For NDRB Use Only:

Received by (name): _____ Date report was received: _____

Action taken: _____ Date action taken: _____

Received by NDRB Office:

Received by: _____ Date: _____

Date NDRB Letter Sent to Business/Person: _____

Future action required? YES NO Explain: _____

Form and evidential documentation can be mailed to:

Richelle Presser, NDRB Sec/Treas

1357 10th St NW

Turtle Lake, ND 58575