

**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 10<sup>th</sup> St NW**

**Turtle Lake, ND 58575**